

Education

Name of High School Attended:		Did you Graduate: YES NO
Colleges or Universities Attended:	MAJOR	Degrees Obtained:

List any special skills/ education/ certifications which you believe to be pertinent to this position:

References

Name	Business	Phone	Years Known

AUTHORIZATION AND CERTIFICATION

I authorize Home Healthcare Solutions, at any time during my employment application process or during the course of employment, to investigate and verify information contained in this application as it relates to the position for which I am being considered or in which I may be employed. This includes authorization to conduct reference checks, credit checks, background investigations, and random drug testing as required by management.

I certify that my statements in this application are true, complete, and correct to the best of my knowledge and belief. I understand that any misrepresentation, falsification or omission of information may bar me from selection activities and, if employed, will be cause for dismissal.

Date: _____

Signature: _____