

**Health Services of the Pacific
Home Care – Medicare Certified & JCAHO Accredited
Hospice
Diabetes Center**

415 Chalan San Antonio PMB 352
Tamuning, GU 96913
Telephone (671) 647-5355/6
Fax (671) 647-5358

Application for Employment

PERSONAL INFORMATION

Name: _____ Social Security Number: _____

Mailing Address: _____

Home phone: _____ Alternate phone: _____ e-mail: _____

How did you learn of our agency: Advertisement TV Radio Personal referral

Other: _____

Classification: RN LPN/VN Cert. HHA PT OT Other: _____

Position applying for: _____ OR _____

What days will you be available to work? (please circle)

Mon Tues Wed Thurs Fri Sat Sun

Times available for days above: _____ _____ _____ _____ _____ _____

Date available to start work: _____ Anticipated length of employment: _____

Have you ever been convicted of a felony? (A "yes" answer will not necessarily exclude you from consideration for employment.) Yes _____ No _____

Language: _____ Speak _____ Read _____ Write _____

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EDUCATION/CERTIFICATIONS OR LICENSES

Name and Location of School	Did you graduate?	Year	Degree
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High School:	_____	_____	_____
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College:	_____	_____	_____
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Trade/Business or Tech School:	_____	_____	_____
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Type of certification or license	License #	Expiration date	State issued
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EMPLOYMENT HISTORY

Current/Most Recent Employer:

Address:		
Position Title:	Supervisor:	Phone:
Starting date:	Ending date:	
Job responsibilities:		
Starting salary:	Ending salary:	
Reason for leaving:		

Former Employer:		
Address:		
Position Title:	Supervisor:	Phone:
Starting date:	Ending date:	
Job responsibilities:		
Starting salary:	Ending salary:	
Reason for leaving:		

Former Employer:		
Address:		
Position Title:	Supervisor:	Phone:
Starting date:	Ending date:	
Job responsibilities:		
Starting salary:	Ending salary:	
Reason for leaving:		

Authorization

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and authorize the employers listed above to give you any and all information regarding my previous employment and any pertinent information they may have and release the company from all liability for any damage that may result from utilization of such information.

I understand that if considered for employment, I may be subject to pre-employment drug and/or alcohol testing.

Health Services of the Pacific is an Equal Opportunity Employer.

Signature of applicant

Date