EMPLOYMENT APPLICATION - *PAGE 1 of 2*

BRIDGEWAY HOME HEALTH

APPLICANT INFORMATION

Last Name_____ First Name_____ Middle Initial _____

Street Address_____ Apartment/Unit# _____

City_____ State_____ Zip Code _____

Phone#_____ Email _____

Date Available_____ Desired Salary _____

Position Applying For _____

Do you have a legal right to seek employment in the United States?

☐ YES ☐ NO

Are you a medical professional or CNA with a valid license or certificate?

☐ YES ☐ NO

Are there any restrictions on your license/certificate?

☐ YES ☐ NO

Have you ever worked for this company? DYES D NO If yes, in which office?_____ Dates of employment _____

Have you ever worked in another state in the last 6 years? If Yes, what States? _____

EDUCATION

School Name	Location	Dates Attended	Graduate	Degree Received	Major
HIGH SCHOOL			☐ YES ☐ NO		
COLLEGE			☐ YES ☐ NO		
OTHER			☐ YES ☐ NO		
TRAINING/CERTIFICATIONS			☐ YES ☐ NO		

REFERENCES *(Please provide three professional references)*

Full Name_____ Relationship_____ Phone_____

Company_____ Address

Full Name Relationship Phone

Company_____ Address

Full Name_____ Relationship_____ Phone_____

Company_____ Address

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PREVIOUS EMPLOYMENT

Company________________________ Supervisor Name____________________ Supervisor Phone ________________

Address____ Job Title ____________________

Responsibilities ____

Dates of Employment (From) ________ (To)________ Starting Salary: $__________ Ending Salary: $ __________

Reason for Leaving ____ May we contact your previous supervisor? ☐YES ☐NO

Company________________________ Supervisor Name____________________ Supervisor Phone ________________

Address____ Job Title ____________________

Responsibilities ____

Dates of Employment (From) ________ (To)________ Starting Salary: $__________ Ending Salary: $ __________

Reason for Leaving ____ May we contact your previous supervisor? ☐YES ☐NO

Company________________________ Supervisor Name____________________ Supervisor Phone ________________

Address____ Job Title ____________________

Responsibilities ____

Dates of Employment (From) ________ (To)________ Starting Salary: $__________ Ending Salary: $ __________

Reason for Leaving ____ May we contact your previous supervisor? ☐YES D NO

DRIVER'S LICENSE INFORMATION

State of Issuance________________ License Number__________________ Expiration Date________________

PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

BridgeWay Home Health is an equal opportunity employer. BridgeWay Home Health does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service .

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for BridgeWay Home Health to hire me. If I am hired, I understand that either BridgeWay Home Health or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of BridgeWay Home Health has the authority to make any assurance to the contrary.

I attest with my signature below that I have provided to BridgeWay Home Health true and complete information on this application. No requested information has been concealed. I authorize BridgeWay Home Health to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. I give BridgeWay Home Health permission to run annual or other periodic background checks.

Signature of Applicant____ Date ____________________

THIS APPLICATION IS VALID ONLY FOR 60 DAYS FROM THE DATE SIGNED/DATED ABOVE.