



Adams County Homecare
 P.O. Box 208
 19189 State Route 136
 Winchester, Ohio 45697

Application Date _____

Interview Date _____

General Information

Last Name _____ First Name _____ Initial _____ Social Security No. _____

Address _____ Home Telephone _____

City, State, Zip _____ Message Telephone _____

Position Applied For _____ Salary Desired _____

Date Available _____ Hours Available _____
 FULLTIME PARTIME TEMPORARY PERMANENT

Are you able to perform the essential job functions of the position you are applying with or without reasonable accommodations? YES NO
 If hired, will you be able to work overtime? YES NO

Are you at least 18 years of age? YES NO
 If under 18, do you have a work permit? YES NO

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? A yes response does not automatically disqualify your application. If yes, please explain. YES NO

Education Information

School _____ Address _____ Major Studies _____ Degree, Diploma, License or Certificate (list type and date) _____

High School _____

Vocation/Business/Other _____

College/university _____

College/university _____

Graduate _____

Other Special Knowledge, Skills or Qualifications (list any construction or manufacturing equipment, office skills, technical equipment or training) _____

Military Service (list dates, ranks and training) _____

For Clerical Applicants Only:

Do you type? NO YES: _____ WORDS PER MINUTE

Computer Skills (hardware/software) _____

Employment History

List all employers, starting with the most recent position. All information must be completed. You may attach a resume, but not in place of completing the required information.

Most Recent Employer Is this your current employer? NO YES May we contact this employer for references? NO YES

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

Job Duties and Responsibilities

Reason for Leaving

Next Most Recent Employer

Employed From Employed To Job Title Starting Salary Ending Salary

Employer Name Employer Address Supervisor's Name Supervisor's Phone

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Other Information

Volunteer Activities (list organization, type of service, dates)

References

Name- _____ phone number _____

Name- _____ phone number _____

Name- _____ phone number _____

Certification and Authorization

The above information is true and correct.

I authorize the Company to inquire into my education, past employment history, and references as needed to research my qualifications for this position.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for the completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date