

**Radiance Home Health Care, Inc.**  
**10 Center Street Suite 302**  
**Chicopee, MA 01013**  
**Phone: (413) 592-0101**  
**Fax: (888) 580 - 1770**



**R A D I A N C E**  
 HOME HEALTH CARE INC.

**AGENCY EMPLOYMENT APPLICATION**

**Equal Opportunity:** *All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.*

**Part 1: PERSONAL INFORMATION**

Last	First	Middle	Date
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Street Address

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Cell Phone	Email
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SSN	Date of Birth
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**Emergency contact (person not living with you):**

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**EDUCATION:**

School Name	School Location	Course of Study	Years	Degree/Study
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Diploma College:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

High School:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vo-Tech, Trade, or Certificate Program:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Part 2: EMPLOYMENT HISTORY**

*List the last five years employment history, starting with the most recent employer.*

**1. Company Name:** \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Job Title/Duties: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**2. Company Name:** \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Job Title/Duties: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**3. Company Name:** \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Job Title/Duties: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**4. Company Name:** \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Job Title/Duties: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**5. Company Name:** \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Job Title/Duties: \_\_\_\_\_  
 Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### **Part 3: PROFESSIONAL REFERENCES**

*Persons who can furnish information about job performance. You authorize the Human Resources department to contact these individuals.*

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

### **Part 4: APPLICATION QUESTIONS**

1. **Have you ever applied for employment with this Agency?** \_\_\_\_ Yes \_\_\_\_ No
2. **How many total hours a week are you available for work** \_\_\_\_\_
3. **Are you legally eligible for employment in the United States?** \_\_\_\_ Yes \_\_\_\_ No
4. **How did you learn Radiance was hiring?**  
 Indeed \_\_\_\_ Newspaper Ad \_\_\_\_ Employee Referral \_\_\_\_ HR Dept \_\_\_\_ Other \_\_\_\_  
 Conference \_\_\_\_ Internet \_\_\_\_ Chamber of Commerce \_\_\_\_
5. **Are you willing to work:** \_\_\_\_ Evenings \_\_\_\_ Afternoons \_\_\_\_ Weekends
6. **Position applying for:** HHA/CNA \_\_\_\_ LPN \_\_\_\_ RN \_\_\_\_  
 Social Work \_\_\_\_ Sales \_\_\_\_ Therapist (Specify) \_\_\_\_ Other \_\_\_\_
7. **Was your last name different from your present name during the above listed jobs?** \_\_\_\_ Yes  
 \_\_\_\_ No
8. **If Yes, what was your name?** \_\_\_\_\_
9. **Do you have reliable transportation?** \_\_\_\_ Yes \_\_\_\_ No

10. Are you currently employed? \_\_\_Yes \_\_\_No

11. Have you ever been convicted of a crime in the last 5 years, barring employment in a Home Care and Community support agency?

\_\_\_Yes \_\_\_No

*Conviction will not necessarily disqualify an applicant from employment.*

If Yes, describe in full:

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12. Are you capable of performing the job set forth in the job description?

\_\_\_Yes \_\_\_No

If you answered No, which job requirement can you not meet?

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**13. Credentials/Specialized Skills:**

Summarize special job-related skills and qualifications acquired from employment or other experiences. If applicable, list all states in which licensed giving registration and expiration date.

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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 complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

**DATE:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_