



APPLICATION FOR EMPLOYMENT

All qualified applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, sexual orientation, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL

Date ____ / ____ / ____

Name _____ Email: _____
Last First Middle

Address _____
Street City State Zip Code

Telephone No. (_____) _____ Referred by: Newspaper Ad Emp. Agency Friend or Relative Walk-in

Are you of legal age to work? Yes No (If No, a work permit will be required.)

Are you legally eligible for employment in the United States? Yes No (If hired, verification will be required by law).

Position(s) applied for _____ Full Time Part Time

If part time, check days/hours available: Monday: _____ to _____ Tuesday: _____ to _____ Wednesday: _____ to _____
AM / PM AM / PM AM / PM AM / PM

Thursday: _____ to _____ Friday: _____ to _____ Saturday: _____ to _____ Sunday: _____ to _____
AM / PM AM / PM AM / PM AM / PM AM / PM AM / PM

Date you are available to start work: ____ / ____ / ____ Salary or wages desired: \$ _____ per Hour Week

Have you worked for us before? _____. If Yes, when: _____ Position: _____

Indicate special qualifications or skills: _____

EDUCATION (Name & Location of School)	Course of Study	Years Completed	Did You Graduate?
HIGH SCHOOL			
COLLEGE	MAJOR		
	DEGREE		
OTHER TRAINING / EDUCATION			

List any courses in which you are currently enrolled: _____

Are you employed at the present time? Yes No If hired, will you work overtime if required? Yes No

Have you ever been bonded in prior employment? _____. If Yes, list name(s) of employer(s): _____

MILITARY SERVICE

Branch of Service	From	To	Rank & Duties	Date Discharged

CONTINUED ON REVERSE SIDE

PRIOR EMPLOYMENT (Start with most recent employer)

Employer:	Phone: ()	From:	To:
Street Address Code	City	State	Zip
Position:		Duties:	
Supervisor's Name:		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Street Address Code	City	State	Zip
Position:		Duties:	
Supervisor's Name:		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer:	Phone: ()	From:	To:
Street Address Code	City	State	Zip
Position:		Duties:	
Supervisor's Name:		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

PERSONAL REFERENCES (Do NOT list relatives or former employers)

Name	Relationship	Address	Years Known	Telephone
				()
				()
				()

PLEASE READ THE FOLLOWING BEFORE SIGNING THIS APPLICATION

- The above information is true and complete to the best of my knowledge. Should I be employed by the Agency, any misrepresentation or false statement contained herein may be considered cause for possible dismissal.*
- The Agency has my permission to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Agency.*
- I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the Agency to hire me. I understand this application does not constitute an employment contract of any kind. Should I be employed by the Agency, I may resign such employment at any time at my discretion with or without prior notice and the Agency may terminate my employment at any time at their discretion, with or without cause and with or without prior notice.*

I have read and understand the above.

Date: ____/____/____ **Signature of Applicant:** _____

DO NOT WRITE BELOW THIS LINE

Summary of Interview: _____	
Accepted for employment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position: _____
Scheduled to start work: ____/____/____	Starting Rate: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week
Interviewed by: _____	Date: ____/____/____
Approved by: _____	Date: ____/____/____



Western Illinois Home Health Care, Inc.
 #2 Industrial Park Road, PO Box 856
 Monmouth, IL 61462
 Toll Free: 1-800-228-5993
 Fax: 309-734-5338

Western Illinois Managed Home Services, Inc.
 1197 North Henderson Street, Suite #1
 Galesburg, IL 61401
 Toll Free: 1-800-515-9647
 Fax: 309-342-2312

Reference Verification Release

Applicant Information

Name: _____
Last Name First Name M.I.

I hereby authorize the Agency to verify my work and/or personal references.

Applicant's Signature: _____ Date: ____ / ____ / ____

Information Below Is To Completed By Employers

Employer Information

The applicant named above has recently submitted an application for employment with our agency. Please complete the information listed below. Your comments will be kept confidential.

Applicant worked for you from: _____ to _____
Start Date End Date

Final Position Applicant Held: _____

Employment Evaluation (Please Check Appropriate Boxes)

	Excellent	Good	Satisfactory	Unsatisfactory
Attendance				
Cooperation				
Initiative				
Job Knowledge				
Quality of Work				

Comments: _____

I attest that the above information is accurate and fair to the best of my knowledge.

Agency Name: _____

Signature: _____ Title: _____

Please Return by Fax: 309-734-5338
 We appreciate your assistance. It really helps us in our mission to serve the elderly.