

# UNIVERSAL HOME HEALTH CARE, INC.

**Sheboygan Office:** 933 Erie Avenue, Suite 9: Sheboygan, WI 53081 Phone: 920-452-3370 Fax: 920-452-3380

**Wausau Office:** 1105 Grand Avenue, Suite 4: Schofield, WI 54476 Phone: 715-298-9307 Fax: 715-298-9310

## EMPLOYMENT APPLICATION

## Equal Employment Opportunity

POSITION APPLIED FOR:		HOUR DESIRED (CHECK ONE) <input type="checkbox"/> 1ST SHIFT <input type="checkbox"/> 2ND SHIFT <input type="checkbox"/> 3RD SHIFT <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY			
SALARY DESIRED:					
LAST NAME:		FIRST NAME:		M.I.:	D.O.B.:
ADDRESS		APT #	CITY		STATE      ZIP CODE
HOME PHONE # AREA CODE (      )		CELL PHONE# AREA CODE (      )			
EMERGENCY CONTACT INFORMATION:					
NAME:		RELATION TO YOU? Parent   Brother   Sister   Spouse   Uncle   Friend   Other__			
ADDRESS:					
PHONE #:					

## LICENSES

DRIVER'S LICENSE NUM / EXP DATE:	ST	PROFESSIONAL LICENSE / CERTIFICATE #	STATE
SOCIAL SECURITY #	ARE YOU A U.S CITIZEN? IF NO, YOUR ALIEN #:		<input type="checkbox"/> YES      Are you 18 years old? <input type="checkbox"/> NO <input type="checkbox"/> Yes <input type="checkbox"/> No Age?

## EDUCATION

NAME & LOCATION OF SCHOOL	MAJOR	DATE COMPLETED	DEGREE/DIPLOMA
COLLEGE / UNIVERSITY:			
TECHNICAL COLLEGE:			
HIGH SCHOOL / GED:			

## EMPLOYMENT HISTORY

**INDICATE TWO WORK EXPERIENCE BEGINNING WITH YOUR MOST RECENT POSITION**

<b>EMPLOYER 1:</b>	From:	NAME OF SUPERVISOR:	Phone Number	
	To:			
ADDRESS	CITY	STATE	ZIP CODE	
JOB TITLE & DUTIES:	SALARY PAID:	REASON FOR LEAVING:		
<b>EMPLOYER 2:</b>	From:	NAME OF SUPERVISOR:	Phone Number	
	To:			
ADDRESS	CITY	STATE	ZIP CODE	
JOB TITLE & DUTIES:	SALARY PAID:	REASON FOR LEAVING:		

PROFESSIONAL REFERENCES	RELATIONSHIP	OCCUPATION	PHONE #	YEARS KNOWN
NAME:				
NAME:				
NAME:				

Please summarize below any special skills or work experience to enhance your qualification:


**VOLUNTARY INFORMATION**

**THIS INFORMATION IS VOLUNTARY AND IS USED FOR REPORTING PURPOSES ONLY**

**Please check one only:**

**Age:**      ( ) 16-20                      ( ) 21-40                      ( ) 41-50                      ( ) 51 & OLDER

**Gender:**   ( ) MALE                      ( ) FEMALE

**Race:**

- ( ) WHITE: (not of Hispanic origin), including persons having origins in any of the original people of Europe.
- ( ) AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original people of North America or who maintain identifiable tribal affiliations through membership and participation or community recognition.
- ( ) ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian subcontinent of the Pacific Islands.
- ( ) BLACK: All persons having origins in any of the Black African racial groups; not of Hispanic origin.
- ( ) HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

**DISABLED:**

Under the American with Disabilities Act and with respect to an individual, the term disability means: a person who has a physical or mental impairment that substantially limits one or more life activity; has a record of such impairment; or is regarded as having such an impairment. "Substantially limiting" means the degree that impairment affects employability. "Disabled Individual" does not include an alcohol or drug abuser whose current use of alcohol or drugs renders that individual a hazard to the individual or others.

**If you have a disability requiring special test accommodations, please explain:** \_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

I authorize Universal Home Health Care, Inc (UHHCI) to investigate all statements contained in this application, and I authorize my previous employers to release any information requested by UHHCI. I understand and agree that false information given on this employment application form and during the physical examination is sufficient cause for termination, if I am employed. I understand that no promise or guarantee regarding employment has been made to me and nothing contained in this application or in the granting of an interview or in any policy procedures or hand books I might receive is intended to create an employment contract between UHHCI and myself or to entitle me to any rights of employment. Universal Home Health Care, Inc does not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, and marital status.

By signing below, I certify that I have read and fully understand the above information and that all of my statements are true. I agree to be fully liable and to indemnify UHHCI for any damages caused to UHHCI resulting in whole or in part from any misleading statements I have made, including costs and attorney fees.

\_\_\_\_\_  
PRINT NAME OF APPLICANT

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
DATE