



109A Delaware St  
Leavenworth KS 66048  
(913) 680-0493 office  
(913) 651-4631

**Job Application Form**

Great organizations are built on great people. Prestige Home Care of Kansas, Inc. wants the best people in the industry so that we can provide the best care in the industry. If you fit that description, please continue.

**PERSONAL INFORMATION:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

SSN# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ DL #/State \_\_\_\_\_

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Phone Number

(\_\_\_\_) \_\_\_\_\_

Are you a U.S. citizen?

Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**POSITION/AVAILABILITY:**

Position Applied For

\_\_\_\_\_

Days/Hours Available

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_
- Saturday \_\_\_\_\_
- Sunday \_\_\_\_\_

Hours Available: from \_\_\_\_\_ to \_\_\_\_\_

What date are you available to start work?

\_\_\_\_\_

**EDUCATION:**

Name and Address of School - Degree/Diploma - Graduation Date

Graduate School \_\_\_\_\_

College \_\_\_\_\_

Vocational or business school \_\_\_\_\_

High School \_\_\_\_\_

Other \_\_\_\_\_

Skills and Qualifications: Licenses, Skills, Training, Awards

\_\_\_\_\_  
\_\_\_\_\_

Within the last two years have you had BCLS training? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you type? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proficient in Microsoft Word? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proficient in Microsoft Excel? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you proficient in Microsoft Access? Yes \_\_\_\_\_ No \_\_\_\_\_

Other software or program skills? Please list

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY** (please put down at least 10 years work history if possible, use the back of the page if you need additional space):

Present Or Last Position:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_  
\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

=====

**Previous Position:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Position Title: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do you have any physical limitations that would affect your job performance? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**May We Contact Your Present Employer?**

Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

Name/Title Address Phone

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

I also understand that this employment application is not a job offer. It is the first step in the hiring process and that I will not be offered a position until after a job interview process. I also understand that if hired, my employment may be terminated at the discretion of the management of Prestige Home Care of Kansas, Inc. for reasons of management propriety.

Final acceptance by Prestige Home Care of Kansas, Inc. may be offered upon review/successful completion of:

- Criminal background check
- Driving background check
- Credit check
- Drug test

I further authorize Prestige Home Care of Kansas, Inc., to conduct a criminal background check as well as credit and driving record checks. If required, I further consent to drug testing now or at such later times as may be set by the Corporation if I receive a job offer and later employment. This authorization and consent shall be continuing in nature and I further agree to execute, acknowledge and deliver any additional information and/or documentation which may be reasonably necessary to give full compliance to this authorization and consent.

Signature\_\_\_\_\_

Date\_\_\_\_\_