



APPLICATION FOR EMPLOYMENT

Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on this application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

I. PERSONAL INFORMATION

Last Name	First	Middle	Date of Application		
Street Address			Home Phone ()		
City	State	Zip	Business Phone ()		
Are you currently employed?? <input type="checkbox"/> Yes <input type="checkbox"/> No	If hired, can you provide verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security Number - -		
Date available to work:	Position Applied for: <input type="checkbox"/> RN <input type="checkbox"/> LVN/LPM <input type="checkbox"/> CNA <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> OT <input type="checkbox"/> ST		Driver's License Number		
Hours available	<input type="checkbox"/> Clerical _____ <input type="checkbox"/> Other _____		State of Licensure		
How many patients/visits are you interested in seeing per day?	If hired, would you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have automobile insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No (including Maiden name) If "Yes" Name:	Can you pass a pre-employment drug test? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Emergency Contact Name:		Phone ()			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No (convictions will not necessarily disqualify you for the position)		If "Yes" list offense, Date and Disposition of the Case			

II. EDUCATION INFORMATION

School Level	Name of School	City/State	Course of Study	Did you Graduate?	Degree or Diploma
High School					
College/University				<input type="checkbox"/> Y <input type="checkbox"/> N	
Post Graduate				<input type="checkbox"/> Y <input type="checkbox"/> N	
Business/Trade Technical				<input type="checkbox"/> Y <input type="checkbox"/> N	

III. SKILLS - If Applicable for Position for Which You Are Applying

CPR Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	Sign language <input type="checkbox"/> Yes <input type="checkbox"/> No	Foreign Languages (indicate proficiency to speak, read and write)
Professional licenses/certifications (Describe)		When does your license expire?	
Do you have home health experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years of home health experience?		Do you have supervisory experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many years of supervisory experience? _____	



IV EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)

1	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Company Name			Phone ()		From Mo./Yr.	To Mo./Yr.
	Street Address		City	State	Zip	Starting Pay \$	Ending Pay \$
	Job Title		Duties			Reason for leaving	
	Supervisor Name					May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

REFERENCES

3 Employment references/personal references – If a company, please include name of contact person

Company	Contact name	Phone number
1. _____		
2. _____		
3. _____		

I understand that I **must** report all accidents to my immediate supervisor **and** to Anthem Healthcare, Inc - - No MATTER HOW SLIGHT. Yes

I also understand that I must wear all required personal protection equipment (PPE). Yes
The penalty for not wearing PPE is disciplinary action, up to and including termination.

Signature



ACKNOWLEDGMENT (Please read carefully and sign)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Anthem Healthcare, Inc permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Anthem Healthcare, Inc with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Anthem Healthcare, Inc may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Anthem Healthcare, Inc, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information. This agency will check the employee misconduct registry (EMR) maintained by DADS. As required by TAC 93.3 and Chapter 253, Texas Health and Safety Code.

In consideration of my employment and of my being considered for employment by Anthem Healthcare, Inc, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Anthem Healthcare, Inc or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Anthem Healthcare, Inc, at any time, can constitute a contract of employment. No representative or agent of Anthem Healthcare, Inc, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Anthem Healthcare, Inc. is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Anthem Healthcare, Inc. against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature _____ Date _____

Applicant's Printed Name _____