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Cardinal Healthcare Solutions

DELIVERING CLIENT-CENTERED HOME HEALTHCARE SERVICES

1 4440 CHERRY LANE

SUITE 201-A

LAUREL, MARYLAND 20707

P.:(240)-294-6682

F.:(240)-294-6692

Please fax the completed application to the number above
or email: hr@cardinal-healthcare.com

7 UfX]bU` < YUH WUfY`Gc`i h]cbgž= bW ****Employment Application Form

**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**



APPLICATION FOR EMPLOYMENT

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-4.

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____
and salary desired (2) _____
(Be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired ___ FULL-TIME ONLY ___ PART-TIME ONLY ___ FULL- OR PART-TIME

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? ___ No ___ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No
 ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No
 Specialty _____ Date Entered _____ Discharge Date _____

Work Experience Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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May we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who did? _____

Cardinal Healthcare Solutions, Inc.: Character Reference Check Form

Applicant name: _____ Date: _____
 Position Applying for: _____
 Reference Name: _____ Title: _____
 Company: _____ Phone #: _____
 Relation to Applicant: _____

1. What position did the applicant hold in your company?

2. Would you rehire this person?

3. How many years have you worked with the applicant?
4. Overall, how you rate his/her performance (average, above/below average)?

5. What are his/her strong points?

6. What are his/her weak points?

7. How much supervision does this person require?

8. Does this person follow through with assigned tasks?

9. Please comment briefly on the applicants:
 - Ability to supervise others:
 - Quality of work:

10. Is there anything you would like to add regarding the applicant's work or job performance?