

**Cardinal Healthcare Solutions**



DELIVERING CLIENT CENTERED HOME HEALTHCARE SERVICES

14440 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](mailto:hr@cardinal-healthcare.com)

**PLEASE PRINT ALL**

**Cardinal Healthcare Solutions, Inc.**

**Employment Application Form**

**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 Telephone ( )

Social Security No. – –

If under 18, please list age

Position applied for (1)

Days/hours available to work

No Pref Thur

and salary desired (2) (Be specific)

Mon Tue Wed

Fri Sat 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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| DO YOU HAVE A DRIVER’S LICENSE? Yes No  What is your means of transportation to work? Driver’s license  number State of issue Operator Commercial (CDL) Chauffeur  Expiration date  Have you had any accidents during the past three years? How many? Have you had any moving violations during the past three years? How Many? | | | |  |
|  | **OFFICE ONLY** | |  |
| Yes Yes  Typing No WPM 10-key No  Personal Yes PC Other  Computer No Mac Skills | | Word Yes  Processing No WPM | |
|  | |  |

Please list two references other than relatives or previous employers.

Name

Name

Position Company Address

Position Company Address

Telephone ( )

Telephone ( )

An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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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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**APPLICATION FOR EMPLOYMENT**

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| --- | --- | --- | --- |
| Name of employer  Address  City, State, Zip Code  Phone number | Name of last supervisor | Employment dates | Pay or salary |
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|  |  |  |  |
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| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. | | | |

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?