



Licensed Application

PT, PTA, OT, COTA, SW, ST

Date _____

Last name _____ First name _____ M.I. _____

SS # _____ Maiden name _____

Qualification: PT PTA OT COTA SW ST

Type / license # _____ Issued by State of _____ Exp. date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____ Message phone _____

Do you have the ability to travel from home to home? Yes No

Do you have access to a car? Yes No

Do you have a driver's license? Yes No

Have you ever been convicted of a criminal offense other than a traffic violation? Yes No

If yes, explain _____

Have you ever been employed by any division of Home Care by Black Stone before? Yes No

If so, when? _____

How were you referred to Home Healthcare by Black Stone?

Newspaper (name) _____

Web site (name) _____

Friend (name) _____

Other _____

Please list any languages in which you are fluent: _____

What days/hours are you available to work? Are you available to work weekends? Yes No

Mon Tues Wed Thur Fri Sat Sun

Hrs available _____ to _____ to _____ to _____ to _____ to _____ to _____ to _____

Experience / Education

Education	High School	College	Other
School name	_____	_____	_____
School city, state	_____	_____	_____
Graduated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree or major	_____	_____	_____

Check areas in which you have experience or training:

Skills Inventory A

- Home Care
- Staff Relief
- Private Duty
- Hospital
- Nursing Home
- Geriatrics
- Pediatrics

List any special skills that you have

Previous Employment (list your last 5 employers, both permanent and temporary)

1. From _____ Employer Name _____ Pay Rate _____
 To _____ Position _____ Supervisor _____
 Reason for Leaving _____

2. From _____ Employer Name _____ Pay Rate _____
 To _____ Position _____ Supervisor _____
 Reason for Leaving _____

3. From _____ Employer Name _____ Pay Rate _____
 To _____ Position _____ Supervisor _____
 Reason for Leaving _____

4. From _____ Employer Name _____ Pay Rate _____
 To _____ Position _____ Supervisor _____
 Reason for Leaving _____

5. From _____ Employer Name _____ Pay Rate _____
 To _____ Position _____ Supervisor _____
 Reason for Leaving _____

Personal References (no family members please)

1. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____ # of years known _____
2. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____ # of years known _____
3. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____ # of years known _____

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I understand that, in the event of employment, false or misleading information given in my application or interview may result in discharge.
- I authorize investigation of all references and statements contained in the application for employment as may be necessary in arriving at an employment decision.
- I understand that if I am offered employment, I will be working for Home Healthcare by Black Stone, on its payroll, at its client's premises.
- I understand that my employment may be terminated by Home Healthcare by Black Stone at any time, without liability to me for wages and salary except as have been earned by me at the date of such termination.

Signature _____ Date _____