

Employment Application

Mission Statement

To service and educate the elderly community by providing the best health care service and solution to all Medicare/Medicaid patient.

Our Core Values:

- ◇ Professional ◇ Teamwork ◇ Transparency
- ◇ Service Excellence ◇ Constructive Feedback



10786-D Bellaire Boulevard,
Houston, TX, 77072
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BellaireHomeHealthCare@mail.com

Personal Information

Name: (Last, First, Middle)			
Address:	City	State:	Zip Code:
Phone Number:	Emergency Contact & Phone Number:		
Email Address:			
Do you have the legal right to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: Conviction is not an automatic bar employment</small>			
Have you previously worked for Bellaire Home Health Care? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	What Position?	

What kind of work would you like?

First Choice:	Desired Pay:					
Second Choice:	Desired Pay:					
Are you interested in Full-Time or Part-Time Work? <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time						
Do you have responsibilities that would limit your availability to work? (military obligations, second job, school, etc) Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:						
Work availability-please list the hours you can work each day (start and end times):						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Skills Sheet – Please check the following that apply:

I.....

- | | | |
|---|--|--|
| <input type="checkbox"/> Have reliable transportation | <input type="checkbox"/> Work better independently | <input type="checkbox"/> Have computer skills |
| <input type="checkbox"/> Get well with others | <input type="checkbox"/> Enjoy working under pressure | <input type="checkbox"/> Dependable and reliable |
| <input type="checkbox"/> Do the right thing, even when no one looking | <input type="checkbox"/> Can multi-task | <input type="checkbox"/> Bilingual |
| <input type="checkbox"/> Can be a quicker learner | <input type="checkbox"/> Can provide exceptional service | <input type="checkbox"/> Love to care for people |

At Bellaire Home Health Care, one of our core values is exceptional services. What is your definition of exceptional service? _____

What qualities make a company a great place to work for you? _____

Why did you choose to apply for Bellaire Home Health Care? _____

Work History (Please list your last three jobs, most recent first)

Company Name:	Phone Number:	Position:
Supervisor's Name	Pay Rate:	Dates Employed:
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Termination <input type="checkbox"/> Other If "other", please explain:		
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide number:		

Company Name:	Phone Number:	Position:
Supervisor's Name	Pay Rate:	Dates Employed:
Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Termination <input type="checkbox"/> Other If "other", please explain:		
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide number:		

Company Name:	Phone Number:	Position:
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Reason for leaving: <input type="checkbox"/> Resigned <input type="checkbox"/> Termination <input type="checkbox"/> Other If "other", please explain:		
May we contact this employer: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide number:		

Education

High School:	Did you graduate? Yes No	Diploma/Degree:
College:	Did you graduate? Yes No	Diploma/Degree:
Technical/Other:	Did you graduate? Yes No	Diploma/Degree:

Applicant's Statement & Agreement

Work Rules. In the event of my employment with BELLAIRE HOME HEALTH CARE LLC, I agree to comply with all rules and regulations of BELLAIRE HOME HEALTH CARE LLC.

Drug/Alcohol Test. I understand that BELLAIRE HOME HEALTH CARE LLC reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law.

Medical Examination. I understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination or related tests to BELLAIRE HOME HEALTH CARE LLC I understand that should I decline to sign this consent or decline to take any of the above-described tests, my application for employment may be rejected or my employment may be terminated.

Background Investigation. I understand that BELLAIRE HOME HEALTH CARE LLC's consideration of my application includes an investigation of the information I have provided on this application and other relevant information such as my driving record and criminal record, if any. I understand that should I decline to consent to such an investigation, my application for employment may be rejected or my employment may be terminated.

At Will Employment. If hired, I further agree as follows: My employment and compensation are terminable at will, are for no definite period, and my employment and compensation may be terminated by BELLAIRE HOME HEALTH CARE LLC at any time and for any reason whatsoever, with or without good cause at the option of either BELLAIRE HOME HEALTH CARE LLC or myself. No implied, oral or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company. This agreement takes the place of all prior and contemporaneous agreements, representations, and understandings between me and BELLAIRE HOME HEALTH CARE LLC.

I hereby certify that all the information that I have provided on this application or any other document filled out in connection with my employment, and in any information that I have provided during any interview is true and correct. I have withheld nothing that would, if disclosed, effect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed.

If you have any questions regarding this agreement, please ask a Company representative before signing.

I hereby acknowledge that I have read the above statements and agreements and understand the same.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO BE LEGALLY BOUND BY ALL OF THE ABOVE TERMS.

Applicant Signature: _____

Date: _____