



HEALTH MANAGEMENT, INC.
HMI HOME HEALTH DIVISION
 6856 Eastern Avenue, N.W. Suite 376,
 Washington, D.C. 20012
 Tel: 202-829-1111 Fax: 202-829-9192

**APPLICATION FOR
 EMPLOYMENT**

(PLEASE PRINT CLEARLY)

PERSONAL

Today's Date: _____

Name: _____ Soc. Sec. No.: _____
Last First Middle

Present Address: _____
No. Street City State Zip

Telephone: _____ Cell: _____
(home/day) (work/evening)

U. S. Citizen? Yes ___ No ___ If no, do you have other form of I.D.? Yes ___ No ___ What kind? _____

In case of emergency, please notify: _____

Are you legally eligible for employment in the U.S.? Yes _____ No _____

Position(s) applied for: _____

Would you work full-time? _____ Part-time _____ Specify days and hours if part-time: _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____ 200__

Are there any other experiences, skills, or qualifications which you feel would especially fit for work in our organization? _____

EDUCATION

| | Name & Address of Institution | Course of Study | Degree/Year |
|------------------------|--|------------------------|--------------------|
| College | | | |
| | | | |
| Graduate School | | | |
| | | | |
| Other | | | |
| | | | |

EMPLOYMENT HISTORY

1. Name and Address of Present Employer: _____

Name of Supervisor and Title: _____ Telephone No.: _____

Your Title: _____ Salary: \$ _____ per _____

Dates of Employment: _____

Describe duties briefly: _____

2. Name and Address of Prior Employer: _____

Name of Supervisor and Title: _____ Telephone No.: _____

Your Title: _____ Salary: \$ _____ per _____

Dates of Employment: _____

Describe duties briefly: _____

OTHER PROFESSIONAL REFERENCES

| Name & Title | Institution/Organization and Address | Telephone |
|--------------|--------------------------------------|-----------|
| | | |
| | | |
| | | |
| | | |

MILITARY SERVICE RECORD

Were you in the U.S. Armed Forces? Yes _____ No _____. If yes, what Branch? _____

Dates of active duty: From _____ to _____. Rank at Discharge _____

Present Military Status: _____ Type of Discharge _____

List duties in the service, including special training _____

Have you taken any training under the G. I. Bill of Rights? _____, If yes, what training did you take? _____

ADDITIONAL INFORMATION

Have you ever been bonded? _____ If yes, on what job(s)? _____

Have you been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which was not annulled or expunged or sealed by a court? _____ If yes, describe in full: _____

Do you have any physical condition, which may limit your ability to perform the particular job for which you are applying? _____ If yes, describe such condition and explain how you can perform the job for which you are applying in spite of it. _____

Do you have any physical, mental or medical disabilities which precludes you from performing certain kinds of work? _____ . If yes, describe such defects and specify work limitations. _____

List any friends or relatives working for HMI, other than spouse: _____

Are you willing to work holidays and weekends? Yes _____ No _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. You are hereby authorized to make any investigation of my personal history by contacting the references given or through any investigative agencies of your choice.

Signature of Applicant

Date

**Health Management, Inc.,
Home Health Division,
6856 Eastern Avenue, N. W., Suite 376, Washington, D.C. 20012
Tel: 202-829-1111: Fax: 202-829-9192**