



4448 Edgewater Dr., Orlando, FL 32804

Main # 407-513-3000 HR Fax # 407-515-6541

Application for Employment

How did you hear about ChildrenFirst?

___ Newspaper Ad (List paper/date): _____ Online (List): _____

___ ChildrenFirst Employee (Print Name): _____ Other (List): _____

Position Applying for: (Please Circle) PT OT SLP RN LPN HHA Other: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone # (Home): _____ **Cell/Other:** _____

Maiden Other/Name: _____ **Social Security #:** _____

Drivers License #: _____ **State:** _____ **Expiration:** _____

Professional Lic. #: _____ **Expiration Date:** _____

Initial FL Professional Lic. Date: _____ **Licensed in other States?** _____

Home Health Agencies Currently/Previously Employed By: _____

Previous Range of Hourly Pay: _____ **Other Languages:** _____

Can you perform this job as described in the job description? ___ Yes ___ No

Emergency Contact: _____ **Relationship:** _____

Phone: _____ **Alternate Phone:** _____

Address (include City/State/Zip): _____

Education (only list high school if highest degree earned)

School Name / Address	Dates Attended	Graduated	Degree Major

Available Start Date: _____ **Number Of Hours Per Week:** _____

Type of Employment Desired: (circle all that apply)

Full-time Per Diem **Part-time Per Diem** **Full-time w/ Benefit Package**

Have You Ever Been Convicted Of A Felony? ___ Yes ___ No

If Yes, Describe: _____

Work History

Please List Present Or Last Employer First – You must list at least 3 employers or more *and* go back a minimum of 5 years from the current date. This information must be COMPLETE.

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Salary: _____ Supervisor: _____

Dates Of Employment: _____

Duties: _____ Reason For Leaving: _____

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Salary: _____ Supervisor: _____

Dates Of Employment: _____

Duties: _____ Reason For Leaving: _____

Employer: _____ Phone: _____

Address: _____

Job Title: _____ Salary: _____ Supervisor: _____

Dates Of Employment: _____

Duties: _____ Reason For Leaving: _____

If you need additional space, use a blank piece of paper.

Nurses Only:

Please Note: Most cases require 12-hour shifts. Please indicate your preference of shift/days.

Shift Preference: _____ 7 A – 7 P Days Available: (please circle all that apply)
 _____ 7 P – 7 A Mon Tues Wed Thu Fri Sat Sun

Some cases may have 8-hour shifts. Which *two* shifts are you available?

- _____ 7-3
- _____ 3-11
- _____ 11-7

Nurses/Therapists:

How Many Shifts/Visits per Week (FT Per Diem) or Month (PT Per Diem) can You Commit to?

_____ Week or _____ Month

ChildrenFirst Home Health Care Services Does Not Discriminate In Employment because of Race, Color, Creed, Religion, Ancestry, National Origin, Age, Non-disqualifying Handicapped, Sex, Marital Status or Veteran Status. (Civil Rights Act Of 1964 and Public Law 90-202.)

Applicant Signature: _____ **Date:** _____

Signature indicates that all information on this application form is true and correct.

Office Use Only:

Comments: _____

DOH: _____