

**Comfort HealthCare, LLC**  
**Application for Employment**

8310 Detroit Ave.  
 Cleveland, Ohio 44102

Phone: 216-281-9999 Fax: 216-281-9990  
**www.comforthealthcare.com**

LAST NAME:

Last Name		First Name		Middle Initial	Suffix	Social Security Number (last 4 digits only) XXX-XX-
Address (Street Number and Name)				Apt. #	City / State	Zip Code
				Primary Phone Number <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (     )		
E-mail:		Type of employment desired			Secondary Phone Number	
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time			<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work (     )	
How did you hear about us?						

Position applying for	Date available to start employment	Wage (hourly rate or salary) desired
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you applied/worked for this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a citizen of the U.S. or do you have a legal right to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have at a minimum a high school GED diploma or its equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Education History**

Name of high school attended	Dates attended	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject studied
Name of college/university attended	Dates attended	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subject studied

List any other education, certifications, accomplishments, skills or training

FIRST NAME:

**Employment History (please make sure to list all present and past employment beginning with the most recent)**

Company Name	Phone (     )	Supervisor
Job Title	Pay rate at time of employment	Dates of employment From:                      To:
Reason for leaving: (if applicable)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Phone (     )	Supervisor
Job Title	Pay rate at time of employment	Dates of employment From:                      To:
Reason for leaving: (if applicable)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Company Name	Phone (     )	Supervisor
Job Title	Pay rate at time of employment	Dates of employment
Reason for leaving: (if applicable)	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Employment History (continued from 1st page)**

Company Name	Phone (       )	Supervisor
Job Title	Pay rate at time of employment	Dates of employment <b>From:</b> <b>To:</b>
Reason for leaving: (if applicable)		May we contact this employer? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

Company Name	Phone (       )	Supervisor
Job Title	Pay rate at time of employment	Dates of employment <b>From:</b> <b>To:</b>
Reason for leaving: (if applicable)		May we contact this employer? <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>

**References** List below the names of at least three persons not related to you, whom you have known for at least one year.  
**At least one reference must be familiar with your work ethic, with previous supervisor/employer preferred.**

Name	Phone (       )	Years known	<input type="checkbox"/> Professional reference <input type="checkbox"/> Personal reference
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Name	Phone (       )	Years known	<input type="checkbox"/> Professional reference <input type="checkbox"/> Personal reference
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Name	Phone (       )	Years known	<input type="checkbox"/> Professional reference <input type="checkbox"/> Personal reference
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Name	Phone (       )	Years known	<input type="checkbox"/> Professional reference <input type="checkbox"/> Personal reference
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Name	Phone (       )	Years known	<input type="checkbox"/> Professional reference <input type="checkbox"/> Personal reference
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**Applicant's Statement**

I certify that all answers on this application are true and complete. I understand that any misrepresentation or omission on my application for employment or related documents may result in Comfort HealthCare's refusal to hire me or retain my services and may be grounds for dismissal if I am hired or retained.

Comfort HealthCare may investigate my history and background and contact sources to verify my qualifications and to verify the information I have given in this application, in related documents, or during interviews. I permit Comfort HealthCare to conduct such an investigation. I agree to release Comfort HealthCare from liability and also agree to release from liability all persons and companies who provide, or refuse to provide, information to Comfort HealthCare relating to its investigation.

I understand and agree that if I am hired or retained, my relationship with Comfort HealthCare is at will and may be terminated at any time without prior notice and for any reason not contrary to law.

I further understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 form.

I have read, understand and agree to the above.

Signature	Date
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