



Application for Employment

PERSONAL DATA - If you have lived at current address less than one year, list previous address.				Today's Date	
Name, Last		First		Middle	
Email		Telephone #		Message #	
Street Address		City	County	State	Zip
Previous Address: Street		City	County	State	Zip
EDUCATION					
Date	School,	Degree/Diploma		Course of Study	
Location					
Date	School,	Degree/Diploma		Course of Study	
Location					
Date	School,	Degree/Diploma		Course of Study	
Location					
SPECIAL LICENSES, CERTIFICATIONS OR REGISTRATION					
License/Certification Type		License/Certification No.		State	Expiration Date
License/Certification Type		License/Certification No.		State	Expiration Date
CPR Expiration Date		Last	Physical	Exam Date	Lab T B/Chest X-Ray Date
GENERAL INFORMATION					
Are you legally authorized to work in the USA <input type="checkbox"/> Yes <input type="checkbox"/> No (If you became an employee of Allegiant, you will be required to provide documentation proving your eligibility to work in the USA)					
Have you ever been convicted of a felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No (This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.) A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. <i>If yes, state the basis for each conviction and the date of the conviction:</i>					

Are you able to perform the tasks according to the job description without accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If an accommodation is needed, how would perform the task and with what accommodation? _____					
<input type="checkbox"/> Allegiant employee (name) _____			<input type="checkbox"/> Worklocation _____		
In case of emergency, notify:					
_____		Telephone# _____		Relationship _____	
Address _____					

• Consideration for religious accommodations will be made as appropriate.

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WORK EXPERIENCE - Please complete all appropriate items, even if you have already provided us with a resume.			
Company Name (Present or most recent employer)		Employment Dates	
		From Mo ___ Yr ___	To Mo ___ Yr ___
Company Address	Title	Salary	
		Hourly \$	Annually \$
Describe your most recent job duties and accomplishments:			
Name of Current Supervisor		Telephone #	May we Contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?
Explain reason for leaving		Are your employment records listed under another name?	
		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? _____	
<hr/>			
Company Name (Present or most recent employer)		Employment Dates	
		From Mo ___ Yr ___	To Mo ___ Yr ___
Company Address	Title	Salary	
		Hourly \$	Annually \$
Describe your most recent job duties and accomplishments:			
Name of Current Supervisor		Telephone #	May we Contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?
Explain reason for leaving		Are your employment records listed under another name?	
		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? _____	
<hr/>			
Company Name (Present or most recent employer)		Employment Dates	
		From Mo ___ Yr ___	To Mo ___ Yr ___
Company Address	Title	Salary	
		Hourly \$	Annually \$
Describe your most recent job duties and accomplishments:			
Name of Current Supervisor		Telephone #	May we Contact?
			<input type="checkbox"/> Yes <input type="checkbox"/> No If not, why not?
Explain reason for leaving		Are your employment records listed under another name?	
		<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? _____	
<hr/>			
Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments, publications, patents, thesis, etc.			
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REFERENCES - Please list three individuals with whom you have worked who were in a position to evaluate your performance.			
Name	Company	Title	Phone #
Name	Company	Title	Phone #
Name	Company	Title	Phone #

Please be sure to read and sign the Acknowledgment on the back page of this application.
 Allegiant is an Equal Opportunity Employer



(NOTE: Application will not be considered complete without the applicant's signature)

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if Allegiant learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, the recency of the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at Allegiant.

I authorize Allegiant to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check needed to make an employment decision. I authorize Allegiant to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Allegiant to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Allegiant and any individual or entity providing information to Allegiant from all liability for any damage from the disclosure of this information.

I also understand and agree that passing a medical examination (which is my responsibility) and/or medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hire of if hired, I may be terminated.

I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as testing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment contract between Allegiant and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that Allegiant retains the same right to terminate my employment at any time.

I understand that should I become employed by Allegiant, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of Allegiant.

I understand that Allegiant is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, I may be subjected to a drug test prior being hired to assure Allegiant I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, Allegiant will not hire me.

I understand that Allegiant reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in Allegiant has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of Allegiant.

Applicant's Signature _____ Date _____

Pursuant to Title VII of the Civil Rights Act of 1965 (42 U.S.C., §20000d et seq.) and 45 C.F.F. Part 80, §504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §6101 et seq.), Allegiant adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by Allegiant. Allegiant offers equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status, disability or any other category protected by any applicable local, state, federal law, ordinance or regulation.

Application Reviewed By _____ Date _____



Allegiant Home Care
210 12th Ave. Rd
Nampa, ID 83686
Ph# 208-466-0987/Fax#208-466-0985

Name: _____
DOB: _____

Date: _____
SSN: _____

I hereby authorize the release of confidential information held by my former employer as indicated in checkboxes below.

- Employment dates
- Salary
- Position
- Duties
- Hours worked
- Reason for leaving

Date

Employee