United Medical Resources, Inc.
In - Home Care Services
Employment Application

Applicant Information

*First Name *Middle Name: *Last Name:

*DOB: *Phone #: *Email:

*Address: *City: *State: *Zip:

*Position Applied For: *Date Avaliable:

*Are you a HHA, CNA, or RN?: (If Yes Which one)?: *Desired Salary $:

*Are you Already a Registered Caregiver?: (if Yes) *What is your PER-ID #

* Are you CPR/First Aide Certified:? *Willing to take Background if needed?:

*Do you have Experience in the Position you are Applying for: *How many Years?:

*Are you a citizen of the USA?: (If no, are you authorized to work in the USA?) :

*Have you ever been convicted of a Felony in ANY state?: (If Yes Explain) :

*Have you had COVID with in the last 30 - 60 days Have you tested for COVID in the last 30 - 60 days

Education

***High School:** *City/State:

*From: *To: *Did you graduate/ or get high school Equivalent ?

***College:** *City/State:

*From: To: (If Yes) Which Type of College?: Did You Graduate?

(If Yes) *Do you have a degree?: (If Yes) *In what?: *Any Certificates or Awards?:

References

Please List At least TWO Work Related References

*Full Name: *Relation:

*Company: *City Company was in: Phone Number:

*Full Name: *Relation:

*Company: *City Company was in: Phone Number:

*Full Name: *Relation:

*Company: *City Company was in: Phone Number:

Previous Employment

***Company:** *City Company was in:

*Phone Number: *Supervisors Name:

* Your Job Title at this Company: * Your Responsibilities:

*May We contact the Supervisor of this Company; If needed for Reference?:

***Company:** *City Company was in:

*Phone Number: *Supervisors Name:

* Your Job Title at this Company: * Your Responsibilities:

*May We contact your previous Supervisor If needed for Reference?:

***Company:** *City Company was in:

*Phone Number: *Supervisors Name:

* Your Job Title at this Company: * Your Responsibilities:

May We contact the Supervisor of this Company; If needed for Reference?:

(IF YOU HAVE MORE EMPLOYMENT HISTORY YOU WOULD LIKE TO ADD PLEASE ATTACH A SEPRATE PAGE)

Disclaimer and Signature

** I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from **U**nited **M**edical **R**esources, **I**nc. (UMRI)*

Please Print Name:

*Signature: *Date: