



SAFeway

HOME HEALTHCARE

APPLICATION FORM

SAFeway HOME HEALTHCARE, LLC is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to sex, race, color, national origin or ancestry, age, handicap, marital status, source of income, class, physical characteristics, sexual orientation or political beliefs. Equal access to programs, services, and employment is available to all qualified persons.

Position Applied to:	
Date of Application:	
Available start date:	

First Name		Last Name	
Middle Name		Former Name(s)	
Mobile		Email	
Address (Street & number)		City	
State		Zip Code	
Social Security Number			

General Information	Yes	No
Are you legally entitled to work in the United States?		
Are you at least 18 years of age?		
U.S. Military or Naval Service Rank Present Membership in National Guard or Reserves?		
Are you able to perform the essential functions of this position, with or without reasonable accommodation?		
Are you able to work any shift, including weekends?		
Have you passed Competency Testing?		
Do you have a Certificate?		
Do you have a current Driver's License?		
Do you currently have a car?		
Have you ever applied to this Company before?		
If yes – where and when?		

Work-Shift Availability - insert your available time (FROM – TO)						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Emergency Contact			
Name:		Phone	
Email		Relationship	
Address			



Education

Name And Location of School		Years Attended From-To	Graduated	Degree/Certification
High School			Yes	
			No	
College			Yes	
			No	
Additional Training				

Previous Employment

1. Name of employer	Your Role:	Employer's contact details: (Phone and email)	
Duties:		Reason for leaving	From: To:
2. Name of employer	Your Role:	Employer's contact details: (Phone and email)	
Duties:		Reason for leaving:	From: To:
3. Name of employer	Your Role:	Employer's contact details: (Phone and email)	
Duties:		Reason for leaving:	From: To:

References

Kindly list three referees to be contacted

Full Name	Phone	Email	Relationship



Voluntary Identification

As an employer, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please complete this Voluntary Self-Identification Information form. This data is for analysis and affirmative action only and submission of this information is voluntary. This data will be kept in a confidential file separate from your Application for Employment.

Gender	Race/ Ethnicity	Veteran Status	Disability Status
Female	American Indian / Alaskan Native	Vietnam era veteran	Disabled
Male	Asian	Disabled veteran	Not-disabled
Choose not to respond	Native Hawaiian/ Other Pacific Islander	Other veteran	Choose not to respond
	Black / African or African American	Non-veteran	
	Hispanic / Latino	Choose not to respond	
	White / Caucasian		
	Two or More Races		
	Choose not to respond		

Attestation

I have applied for employment with **Safeway Home Healthcare, LLC** and have provided information about my previous employment. I authorize **Safeway Home Healthcare, LLC** to conduct a reference check with my present and/or previous employer(s).

I certify that I have answered all the questions on this application accurately and to the best of my knowledge. I have not withheld any information which would cause the information given above to be Misleading. In the event of my employment as a result, in full or in part, from the information contained on this application, I understand that any inaccurate or misleading information is grounds for immediate termination of employment.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for rejection or dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time, with or without cause, and with or without any prior notice.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE TERMS.

Full Name: _____
 Signature: _____
 Date: _____