



O&P
HOME HEALTH CARE, INC.

"Providing paramount excellence of care"

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EMPLOYMENT HISTORY

(LIST BELOW THREE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE OF EMPLOYMENT	NAME AND ADDRESS OF EMPLOYER	POSITON	REASON FOR LEAVING

REFERENCES: GIVE THE NAMES OF THREE INDIVIDUALS NOT RELATED TO YOU THAT HAS KNOWN YOU FOR AT LEAST A YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1.			
2.			
3.			

EMERGENCY CONTACT: _____ **RELATIONSHIP** _____

TELEPHONE # _____

" I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS FACTUAL AND INCLUSIVE, AND I UNDERSTAND THAT IF ANY COUNTERFEIT INFORMATION, OMISSIONS, OR MISINTERPRETATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

SIGNATURE OF EMPLOYEE: _____

DATE: _____