



Home Medical & Respiratory Services



APPLICATION FOR EMPLOYMENT

PERSONAL DATA

TODAY'S DATE:

LAST NAME:

FIRST NAME:

MIDDLE:

PRESENT ADDRESS:

STREET:

CITY:

STATE:

ZIP:

TELEPHONE:

HOME:

BUSINESS:

OTHER:

Did an employee of HME Specialists refer you?

YES

NO

IF YES, PLEASE PROVIDE EMPLOYEE'S NAME:

Are you at least 18 years of age?

YES

NO

Are any employees of HME Specialists related to you by blood or marriage?

YES

NO

IF YES, GIVE NAME AND RELATIONSHIP:

NOTE: IT IS THE POLICY OF HME SPECIALISTS TO PROHIBIT THE HIRING OF RELATIVES IN FULL-TIME POSITIONS

Do any of your immediate family members work for a competitor of HME Specialists?

YES

NO

Do you have a legal right to work in the United States?

YES

NO

POSITION APPLYING FOR

List by title the position for which you wish to apply:

Number of hours applying for:

FULL-TIME

PART-TIME

of hours per week:

If the position you are applying for requires you to be on-call, can you work nights, weekends and holidays as necessary?

YES

NO

please continue to next page



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EMPLOYMENT HISTORY

Begin with your PRESENT or MOST RECENT employer. Please list in order all employment.

May we contact your current employer? YES NO

Your name (if different from present name):

NAME OF EMPLOYER:	DATE OF EMPLOYMENT:	
	FROM MO/YR:	TO MO/YR:
ADDRESS OF EMPLOYER:	SALARY	
	BEGINNING:	ENDING:
JOB TITLE:	SUPERVISOR	
	NAME:	TITLE:
SPECIFIC DUTIES:		
REASON FOR LEAVING:		

Your name (if different from present name):

NAME OF EMPLOYER:	DATE OF EMPLOYMENT:	
	FROM MO/YR:	TO MO/YR:
ADDRESS OF EMPLOYER:	SALARY	
	BEGINNING:	ENDING:
JOB TITLE:	SUPERVISOR	
	NAME:	TITLE:
SPECIFIC DUTIES:		
REASON FOR LEAVING:		



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EMPLOYMENT HISTORY (continued)

Your name (if different from present name):

NAME OF EMPLOYER:	DATE OF EMPLOYMENT:
ADDRESS OF EMPLOYER:	FROM MO/YR: TO MO/YR:
JOB TITLE:	SALARY
SPECIFIC DUTIES:	BEGINNING: ENDING:
REASON FOR LEAVING:	SUPERVISOR
	NAME: TITLE:

MILITARY HISTORY (optional)

Your name (if different from present name):

BRANCH OF SERVICE:	DATE OF SERVICE:
RANK ATTAINED:	FROM MO/YR: TO MO/YR:
JOB TITLE:	
SPECIFIC DUTIES:	

GENERAL INFORMATION

Have you ever been convicted of a misdemeanor or felony (other than traffic violations)? YES NO

IF YES, EXPLAIN:

Have you ever been excluded, debarred, suspended or sanctioned from participating in any Federal or State health care related programs? YES NO IF YES, EXPLAIN:

Are you able to perform the essential functions of the position(s) for which you have applied, with or without accommodation? YES NO

please continue to next page



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PROFESSIONAL REFERENCES

Please list 3 professional references. Include name, professional relationship and phone number.

NAME	PROFESSIONAL RELATIONSHIP	PHONE NUMBER

CERTIFICATE OF APPLICANT

Permission is hereby granted to HME Specialists to conduct any necessary and reasonable investigation with respect to statements and other information in this application. I release HME Specialists, my former employers and personal reference from any liability for damage caused by giving and receiving information or opinions as to my employment and character.

I agree to furnish any other information required of me related to my employment. I also understand and agree that any false statements or any material misrepresentation of the information referred to above will be sufficient grounds for my separation.

I understand the requirements and essential functions of the job(s) and certify that I am able to perform those job duties and functions. I have a genuine interest to be employed and no other purpose in submitting this application.

I understand that this employment application will remain active for 120 calendar days, and that upon expiration of this application, to continue to be considered for employment, I must complete a new application.

DATE:

SIGNATURE:

INSTRUCTIONS FOR SUBMITTING:

- 1** Fill this form out.
- 2** Scan, and attach this PDF to an email, and send to resumes@hmespecialists.com OR fax to 505-449-2100.