



YOUR HOME OUR HEART HEALTH SOLUTIONS LLC

Employment Application: Return to help@betterwoundcare.net

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Previous Name(s) Used: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____
NP/RN/LPN-WCC _____
Previous Social Security No(s): _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony,
received a criminal conviction or entered a
plea of guilty to offenses other than in minor
traffic offenses? YES ☐ NO ☐

If yes, explain: _____

Education

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Employment

Current
Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. Initial: _____

I hereby give permission to Your Home Our Heart Health Solutions LLC or its designee to perform a closed records check pursuant to Section 610.120, RSMo. Initial: _____

I hereby give permission to Your Home Our Heart Health Solutions LLC or its designee to perform a pre-employment criminal record check. Initial: _____

I hereby authorize Your Home Our Heart Health Solutions LLC or its designee to perform a Family Child Care Registry search Employee Disqualification List search or other periodic measure to confirm my identity and eligibility to perform the role for which I seek consideration. (COMPLETE ONLY IF REQUIRED FOR ROLE) Initial: _____

I certify that I have received the required Tuberculosis (TB) immunization or will have it administered prior to the first day of client contact. Initial: _____

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. The signature below releases Your Home Our Heart Health Solutions LLC or its designee from indemnification of results of a credit, criminal history and background check result in denial of employment.

Signature: _____ Date: _____

Your Home Our Heart Health Solutions LLC is an equal opportunity employer. No person is unlawfully excluded from consideration for employment because of race, color, religious creed, national origin, ancestry, sex, age, veteran status, marital status or physical challenges.