

# Universal Home Health Care, Inc.

Sheboygan: 933 Erie Ave. Suite 9 Sheboygan 53081 (920) 452-3370

Wausau: 1105 Grand Ave. Suite 4 Schofield, WI 54476 (715) 298-9307

Our policy provides equal opportunity to all qualified persons without discrimination against someone's race, color, religion, national origin, or sex.



Home Health Care, Inc.  
*"Hmoob Chaw Zov Neeg Hluas & Lous Haw Tse"*

## Personal Information

Please Print Neatly

Position Applied For		Salary Desired	Previous Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Last Name, First Name			M.I.	Date Of Birth				
Address				City		State	Zip Code	
Primary Phone		Drivers License #/Exp Date			State	Are you a citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Security #		Professional License/Certificate #		State	If not a citizen, Alien #			

## Emergency Contact

Name		Relation		Primary Phone			
Address			City		State	Zip Code	

## Education

	Major	Date Completed	Degree/Diploma
High School/GED			
Technical College			
College/University			

## Employment History (Starting with the most recent employer)

Employer 1		Start	Supervisor		Phone Number		
		End					
Address		City		State	Zip Code	Salary Paid	
Job Title		Responsibilities			Reason for leaving		
Employer 1		Start	Supervisor		Phone Number		
		End					
Address		City		State	Zip Code		
Job Title		Responsibilities			Reason for leaving		

## Professional References

Name	Relationship	Occupation	Phone#	Years

Please summarize any special skills or work experience to enhance you qualification:

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**Voluntary Information Used For Reporting Purposes**

**Please check one only:**

**Age:**     16-20                       21-40                       41-50                       51 & Older

**Gender:**     Male                       Female

**Race:**

- WHITE:(Not of Hispanic origin), including persons having origins in any of the original of Europe.
- ASIAN OR PACIFIC ISLANDERS: All persons having origins in any of the original peoples of the far East, Southeast Asia, the Indian subcontinent of the Pacific Islands.
- AMERICAN INDIAN OR ALASKAN NATIVE: All persons having origins in any of the original people of North America or who maintain identifiable tribal affiliations through membership and participation or community recognition.
- BLACK: All persons having origins in any of the Black African racial groups; not of Hispanic origins.
- HISPANIC: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

**Disable:**

Under the American with Disabilities Act with respect to an individual, the term disability means: a person who has a physical or mental impairment that substantially limits one or more life activity; has a record of such impairment; or is regarded as having such an impairment. "Substantially limiting" means the degree that impairment affects employability. "Disabled Individual" does not include an alcohol or drug abuser whose current use of alcohol or drugs renders that individual a hazard to the individual or others.

**If you have disability requiring special test accommodations, please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE READ BEFORE SIGNING**

I authorize Universal Home Health Care, Inc (UHHCI) to investigate all statements contained in this application, and I authorize my previous employers to release any information requested by UHHCI. I understand and agree that false Information given on this application form and during the physical examination is sufficient cause for termination, if I am employed. I understand that no promise guarantee regarding employment has been made to me and nothing contained in this application or in the granting of an interview or in any policy procedures or hand books I might receive is intended to create an employment contract between UHHCI and myself or to entitle me to any rights of employment. Universal Home Health Care, Inc does not discriminate against or harass any employee or applicant for employment because of race, color, creed religion, national origin, sex, sexual orientation, disability, age, and marital status.

By signing below, I certify that I have read and fully understand the above information and that all of my statements are true. I agree to be fully liable and to indemnify UHHCI for any damages caused to UHHCI resulting in whole or in part from any misleading statements I have made, including costs and attorney fees.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date