

Last Name	First	Middle	For personnel use			Date of application				
Street address			Type(s) of work desired			Social security no.				
City		State	ZIP code					Telephone no. Home: Work:		
How were you referred to <i>RespiCare</i> ? (Check only one)	By your college	Advertisement	Employment Agency	By an employee	If so, give name:	Military service	Walk-in	Resume or letter	Open house	Other

**Central Florida**  
1333 Gateway Dr., Suite #1022  
Melbourne, FL 32901  
321/723-0008  
Fax 321/723-8669  
[melbourne@respicareflorida.com](mailto:melbourne@respicareflorida.com)

**South Florida**  
390 S.W. 12<sup>th</sup> Avenue  
Deerfield Beach, FL 33442  
954/428-8252  
Fax 954/480-2986  
[deerfield@respicareflorida.com](mailto:deerfield@respicareflorida.com)

# *RespiCare*

## Respiratory Home Care Specialist

# Application for Employment

***Please read carefully and complete by printing in ink or typing.***

***Provide all information requested.***

Your complete application form will be maintained in our active files for six (6) months from the date of application. You may submit a new application at any time.

### ***An Equal Opportunity Employer***

We are an equal opportunity employer, and we do not and will not discriminate on the basis of race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran or Vietnam-era veteran. Information provided on this application will not be used for any discriminatory purpose.

## ***Educational History***

School name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Technical/trade (after high school)							
College (list all attended)							
Other education/training							

## ***Outside Activities***

(Exclude those indicating race, color, religion, sex, national origin, age, handicap, or Vietnam-era veteran status)

Professional memberships, certificates, or licenses held

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Past and present civic or cultural activities — include offices held

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Principal hobbies

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## ***Miscellaneous***

Were you previously employed by Company?	Yes	If yes, when
	No	
Do you have any relative(s) currently employed by Company?	Yes	If yes, list below
	No	
Name	Relationship	Name Relationship
Have you been convicted of any crimes other than minor traffic violations during the past seven years?	Yes	If yes, list below
	No	(A conviction record will not necessarily bar you from employment)
Will visa or immigration status prevent lawful employment?	Yes	
	No	
Would you be willing to work other than the day shift?	Yes	If yes, which shifts?
	No	
Do you have any handicaps or health problems that may affect your ability to perform the job applied for or which you would like Company to consider in determining your job placement?	Yes	
	No	

If yes, briefly describe any reasonable accommodations to your handicap you feel Company can make to assist you in working here.

## Employment Record

Starting with present or most recent, list all previous employers. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. **You may attach resume, but complete application as well.**

Last or present company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked From   To		
Reason for leaving			
Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked From   To		
Reason for leaving			
Company		Type of business	Title or job classification
Street address		Phone no.	Brief description of job duties
City	State	ZIP code	
Supervisor's name and title		Phone no.	
Base salary	Dates worked From   To		
Reason for leaving			

## U.S. Military Record

Branch of service	From	To
Present military affiliation:		
None	Reserve (active)	Reserve (inactive)
Kinds of training and duty while in service		

