Last Name	Fi	irst	Middle	For perso	nnel use	1	Date of ap	plication		
Street address			Type(s) o	Type(s) of work desired			Social security no.			
City	St	ate	ZIP code				Telephone no.			
				Home:						
							Work:			
How were you					If so, give name:					
referred to RespiCare?	By your	Advertisement	Employment	By an		Military	Walk-	Resume	Open	Other
(Check only one)	college		Agency	employee		service	in	or letter	house	



Application for Employment

Central Florida

1333 Gateway Dr., Suite #1022 Melbourne, FL 32901 321/723-0008 Fax 321/723-8669 melbourne@respicareflorida. com

South Florida

390 S.W. 12th Avenue Deerfield Beach, FL 33442 954/428-8252 Fax 954/480-2986 deerfield@respicareflorida.

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 N	lajor course	Dates a	Dates attended		uated	Degree
	(city, state)	or subject	From	То	Yes	No	
ligh school							
echnical/trade (after high school)							
College (list all attended)							
onege (fist all attended)							
Other education/training							
Ü							
ast and present civic or cultural activitie	es — include offices held						
Miscellaneous							
Vere you previously employed by Com	npany?	Yes	If yes, whe	en —			
		No					
Do you have any relative(s) currently employed by Company?		Yes	If yes, list	below			
		No					
Vame	Relationship	Name				Relations	hip
lave you been convicted of any crimes	other than minor traffic violations	Yes	If yes, list	below			
during the past seven years?		No	-		on record will not necessarily bar you from		
			employme		. W111 110	i necessarii	y vai you mom
Vill visa or immigration status prevent l	awful employment?	Yes	· Pastane	·/			
		No					
Vould you be willing to work other than	n the day shift?	Yes	If yes, whi	ch shifts?	,		
<u>-</u>		No	11 J 05, WIII	-11 0111110 :			
		110					

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

Yes

No

Do you have any handicaps or health problems that may affect your

to consider in determining your job placement?

ability to perform the job applied for or which you would like Company

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.**

picase continue on a separate si	neet. I ou may a	tuch resume, bu	t 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	То	
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	То	
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	То	
Reason for leaving	•		

U.S. Military	Record				
Branch of service			From	То	
Present military affil	liation:				
None	Reserve (active)	Reserve (inactive)			
Kinds of training and	d duty while in service				

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address	Phone no.	Occupation	
		(street, city, state, zip code)	(include area code)		
May we contact your pres	ent employer? Yes				
	No				
Vage or salary required					
, , , , , , , , , , , , , , , , , , , ,					

Date available

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for separation from the company's service, if employed. I understand that my employment may be contingent upon receipt of an alien registration number, verification of birth, and any other pertinent information bearing upon my employment and my continued employment depends upon the will of the company or myself. I authorize personal substance abuse testing & criminal background checks both before and during employment, as deemed appropriate by management.

Date Signature

If any of your educational or employment records are under other than the above name, please provide other names.

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