

TANDOY HEALTH CARE SERVICES, LLC

“RENOWNED IN SUPPORTED LIVING”

ON LINE EMPLOYMENT APPLICATION

PERSONAL INFORMATION:

PRINT NAME: _____ DATE: _____

DOB: _____ SSN: _____

ADDRESS: _____

TELEPHONE NUMBERS: _____

POSITION APPLYING FOR: _____

How did you hear about Tandoh Health Care Services (THCS)? _____

Do you have any past or current relatives working for THCS? Yes or no. If yes, whom?: _____

Please list any US Military Service: _____

WORK HISTORY:

Please list your work history beginning with most current.

1. Name of Employer: _____

Address: _____ Number: _____

Position: _____ Salary: _____

Date of hire: _____ Last day of employment: _____

Reason for leaving: _____

2. Name of Employer: _____

Address: _____ Number: _____

Position: _____ Salary: _____

Date of hire: _____ Last day of employment: _____

Reason for leaving: _____

3. Name of Employer: _____
Address: _____ Number: _____
Position: _____ Salary: _____
Date of hire: _____ Last day of employment: _____
Reason for leaving: _____

EDUCATION:

1. HIGH SCHOOL: _____ YEAR GRADUATED: _____
Accomplishments: _____
2. COLLEGE: _____ YEAR GRADUATED: _____
DEGREE: _____
Accomplishments: _____
3. OTHER: _____ YEAR GRADUATED: _____
Accomplishments: _____

NON-RELATED PERSONAL REFERENCES:

1. NAME: _____ NUMBER: _____
RELATIONSHIP: _____ YEARS KNOWN: _____
2. NAME: _____ NUMBER: _____
RELATIONSHIP: _____ YEARS KNOWN: _____
3. NAME: _____ NUMBER: _____
RELATIONSHIP: _____ YEARS KNOWN: _____

PLEASE LIST ALL SPECIAL SKILLS, TRAININGS, AND CERTIFICATIONS:

PLEASE PROVIDE A SUMMARY OF WHY THCS SHOULD EMPLOY YOU:

***PLEASE CIRCLE SHIFT PREFERRED: 1st Shift 2nd Shift 3rd Shift**

*** Have you ever been convicted or plead guilty to a Felony Offense? Please circle: YES or NO. If yes, please explain.**

PLEASE ANSWER THE FOLLOWING QUESTIONS:

- 1. Please describe a time you made a mistake on the job. How did you find out about the mistake and what did you do to correct the mistake?**

- 2. Please describe the best team you have worked with. Why did the team work well together? What role did you play as a team member?**

- 3. Please describe a time you displayed unprofessional behavior at work. What was the outcome?**

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4. Please describe a time you had to deal with a difficult co-worker? How did you handle the situation?

I understand that any false or misleading information given in my application or interview may result in discharge from employment with THCS. I authorize and give THCS permission to contact my previous and current employer(s) in addition to my personal reference contacts. I understand I am required to abide by all rules and regulations of THCS. THCS is an equal opportunity employer. I understand my employment with THCS is "Employment at Will." The information contained in my employment application is true to the best of my knowledge.

SIGNATURE:

DATE: