



# HHS, LLC APPLICATION FOR EMPLOYMENT

*Applications will remain active for 90 days.*

**Check Department you are applying for:**

EVS/Housekeeping    Cafeteria Services    Facilities Management    Linen / Transport    Senior Living

Hospital Housekeeping Systems is a hospital service contractor doing business at \_\_\_\_\_.

Position desired \_\_\_\_\_ Full Time  Part Time  Relief  Temporary

Shifts you are available to work: All  Days only  Evenings only  Nights only

Can you work weekends? Yes  No       Can you work holidays? Yes  No

How do you intend to get to work? \_\_\_\_\_

Hospital operations may require any employee to work weekends, holidays, and any shift.

Name: (Last) _____ (First) _____ (Middle) _____		Date: _____	
Address: (Street) _____			
(City) _____ (State) _____ (Zip) _____		List any relatives employed at this facility and relationship:	
If not at the above address more than 1 year, please state previous address: (City) _____ (State) _____ (Zip) _____			
Have you ever been employed at this facility?  _____ Yes Dept. _____ _____ No		Home Phone: _____	
		Cell Phone: _____	
Who referred you to us? <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend <input type="checkbox"/> Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Other _____			
Are you over 18 years of age? _____ Yes _____ No		Minimum Salary? _____	
Are you legally authorized to work in the U.S.? _____ Yes _____ No Indicate Visa type _____			
Are you willing to take a drug test? _____ Yes _____ No			
Can you perform the Essential Functions (as indicated below) with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>ESSENTIAL FUNCTIONS:</b>			
<ul style="list-style-type: none"> <li>- Able to lift 0 to 40 lb. frequently.</li> <li>- Must have communications skills in English (Read, Write and Speak).</li> <li>- Ability to interact with chemicals and cleaning agents.</li> <li>- Ability to wear latex or latex free gloves.</li> <li>- Capable of standing, walking, squatting, bending, twisting, kneeling, and reaching continuously throughout the shift.</li> <li>- Capable of pushing and pulling a maid cart, linen cart, or equipment (over 100 lb.) on tile and carpeted floors continuously throughout the shift.</li> <li>- Capable of pushing and pulling furniture and equipment (25 to 100 lb.) frequently.</li> <li>- Capable of lifting furniture and equipment (up to 25 lb.) frequently.</li> <li>- Capable of climbing ladders frequently.</li> <li>- Must be able to work weekends, holidays, and evening hours as needed per area assignment.</li> <li>- Frequent interaction with facility employees requires the ability to communicate well with others in English.</li> </ul>			
<b>Education</b>			
Schools	Name & Address	Circle Grades Completed	Degree  Areas of Specialization
High School		1 2 3 4	
College / Other		1 2 3 4	



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Please give complete employment information for the past three jobs. Start with the most recent or present employer.

Name & Address of Employer	
Immediate Supervisor (Name & Position)	Phone No.
Job Title and Description of Duties	Rate of pay?
May we contact employer?	If no, why?
Reason for Leaving	Dates employed: First day                      Last day
Name & Address of Employer	
Immediate Supervisor (Name & Position)	Phone No.
Job Title and Description of Duties	Rate of pay?
May we contact employer?	If no, why?
Reason for Leaving	Dates employed: First day                      Last day
Name & Address of Employer	
Immediate Supervisor (Name & Position)	Phone No.
Job Title and Description of Duties	Rate of pay?
May we contact employer?	If no, why?
Reason for Leaving	Dates employed: First day                      Last day

Comments regarding lapses between times when employed, if applicable.

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Other experiences, skills, or qualifications that you feel would especially suit you for work.

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If presently employed, why do you desire to change? \_\_\_\_\_



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Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

Note: A conviction will not necessarily bar you from employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into consideration.

If yes, please give date and disposition of case: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Attestation of Application, Offer of Employment and Requirements of Employment:

I have been fully advised that if I am injured on the job, regardless of how minor the injury may seem, I am to report that injury to my supervisor. **All team members that are injured are subject to a drug test.**

I certify that the information given is true and correct. I understand that any false or misleading answers to these questions will be sufficient basis for termination of employment and/or denial of benefits. I also understand that my answers will be verified by investigation.

I understand that my employment would be for no definite term. Upon my termination, I authorize the release of information as to my work performance, character, and reason for my leaving; and I release HHS from any and all liability resulting from such release of information.

I agree to wear or use all protective clothing or devices required by HHS and to comply with all safety policies and procedures. I further understand that due to the nature of this business, an exceptional record of attendance, promptness, and dependability is required of all HHS employees.

I agree to complete required pre-employment screening if an offer of employment is made to me and understand that the offer of employment is contingent on my ability to clear screenings. I agree to completed a Back Ground Check, 10 Panel Drug screen, PPD Skin Test, Essential Functions Test and medical questionnaire after offer of employment.

I agree to abide by HHS' Team Member Rules and Agreements.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

***As an Equal Opportunity Employer, HHS complies fully with state and federal laws prohibiting discrimination because of age, race, color, religion, sex, national origin, or handicap. Thank you for your interest in Hospital Housekeeping Systems.***



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For Office Use Only

Interviewer's Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Disposition: \_\_\_\_\_

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_



**2 Reference Checks Required!**  
 If 2 professional references cannot be obtained then  
 a professional and a personal is acceptable.

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**Team Member Name:** \_\_\_\_\_ **PC #/Name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Reference:** \_\_\_\_\_ **Spoke With:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Their Position:** \_\_\_\_\_

### Information on Applicant

**Position Held:** \_\_\_\_\_ **Dates of Employment:** \_\_\_\_\_  
**Eligible for re-hire?**  Yes  No  
 If "No," why? \_\_\_\_\_  
 \_\_\_\_\_  
**Reason for leaving:** \_\_\_\_\_

Characteristic	Excellent	Good	Average	Unsatisfactory	Poor	Not Provided
Quantity of Work						
Dependability						
Attendance						
Cooperativeness						
Knowledge						

**Comments:** \_\_\_\_\_

**References Taken by:** \_\_\_\_\_

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**Date:** \_\_\_\_\_ **Reference:** \_\_\_\_\_ **Spoke With:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Their Position:** \_\_\_\_\_

### Information on Applicant

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 \_\_\_\_\_  
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Dependability						
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**Comments:** \_\_\_\_\_

**References taken by:** \_\_\_\_\_