

# JOB APPLICATION

THUNDER HOME HEALTH SERVICES LLC  
5508 Shady Springs Trl, Fort Worth, Texas 76179  
4697350762

THUNDER HOME HEALTH SERVICES LLC is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

*Please fill out all of the sections below:*

## Applicant Information

*Applicant Name:*

---

*Address:*

---

*City, State and Zip Code:*

---

*Telephone Number:*

---

*Email Address:*

---

*Date of Application:*

---

## Employment Position

*Position(s) applying for:*

How did you hear about this position?

---

On what date can you start working if you are hired?

---

## Personal Information

Are you a U.S. citizen or approved to work in the United States?

Yes

No

What document can you provide as proof of citizenship or legal status?

---

---

## Job Skills/Qualifications

Please list below the skills and qualifications you possess for the position for which you are applying:

---

---

---

---

---

*(Note: THUNDER HOME HEALTH SERVICES LLC complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. )*

**Education and Training**

**High School**

Name	Location (City, State)	Year Graduated	Degree Earned

**College/University**

Name	Location (City, State)	Year Graduated	Degree Earned

**Vocational School/Specialized Training**

Name	Location (City, State)	Year Graduated	Degree Earned

**Military:**

Are you a member of the Armed Services? \_\_\_\_\_  
What branch of the military did you enlist? \_\_\_\_\_  
What was your military rank when discharged? \_\_\_\_\_  
How many years did you serve in the military? \_\_\_\_\_  
What military skills do you possess that would be an asset for this position?  
\_\_\_\_\_  
\_\_\_\_\_

**Previous Employment**

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City, State and Zip Code: \_\_\_\_\_  
Employer Telephone: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

Job Title:

\_\_\_\_\_

Supervisor Name:

\_\_\_\_\_

Employer Address:

\_\_\_\_\_

City, State and Zip Code:

\_\_\_\_\_

Employer Telephone:

\_\_\_\_\_

Dates Employed:

\_\_\_\_\_

Reason for leaving:

\_\_\_\_\_

**AT-WILL EMPLOYMENT**

The relationship between you and the THUNDER HOME HEALTH SERVICES LLC is referred to as "employment will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the THUNDER HOME HEALTH SERVICES LLC. No representative of THUNDER HOME HEALTH SERVICES LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President.

Applicant Signature: \_\_\_\_\_

Dated: \_\_\_\_\_