

Application for Employment

PERSONAL DATA					
Date application completed		OFFICE USE ONLY Date of Interview		OFFICE USE ONLY Date of Hire	
Last		First		Middle	
Social Security Number	Home phone ()	cellular number ()	Email		
Address <i>(If less than five years provide your previous address)</i>		City	State	Zip Code	Length of residence
Previous Address		City	State	Zip Code	Length of residence
JOB INTERESTS					
Position applying for:		How were you referred to us?		Date available for work?	Anticipated wage
Please check the specialty area(s) that best match(es) your experience / education and interested					
<input type="checkbox"/> Homecare	<input type="checkbox"/> Medical / Surgical	<input type="checkbox"/> IV Therapy	<input type="checkbox"/> Intermittent Care	<input type="checkbox"/> Private Duty	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Pediatrics/Maternal Child	<input type="checkbox"/> Supplemental Staffing	<input type="checkbox"/> Residential Care	
Please indicate your availability or interests below					
Work Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Shifts Available <input type="checkbox"/> 1st <input type="checkbox"/> PRN (for direct care staff) <input type="checkbox"/> Visits only ((for direct care staff)		Days Available <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
EDUCATION					
Circle the highest level of education completed		1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16+ High School___ AA/AS___ BS/BA___ MS/MA___			
Name of College or Undergraduate Education / School		Degree			Year graduated
Name of College or Undergraduate Education / School		Degree obtained			Year graduated
LICENSE / CERTIFICATIONS / EXAMINATIONS					
Type of license	State issue	Expiration date	License number	Any restrictions or pending actions against license ?	
CPR expiration date		Date of last physical examination		Last TB / Chest X-ray	
GENERAL INFORMATION					
Are you legally authorized to work in the USA		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you become an employee of this Agency you will be required to provide documentation proving your eligibility to work in the USA	
Have you ever been convicted of a felony or a misdemeanor crime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.	
If yes, state the basis for each conviction and the date of the conviction:					
Have you ever been employed by this agency or one of its subsidiaries		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, give location and dates:	
In case of emergency, notify		Phone		Relationship	

WORK HISTORY					
Company Name (present or most recent employer)			Employment Dates		
			From:		To:
Company Address	City	State	Compensation: Per hour: \$	Salary per year: \$	
Describe your job responsibilities and duties					
Supervisor's name		Telephone number		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving?					
Company name			Employment dates		
			From:		To:
Company Address	City	State	Wage	Per Hour	Annual
Describe your job responsibilities and duties					
Supervisor's name		Telephone number		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving?					
Company name			Employment dates		
			From:		To:
Company address	City	State	Compensation: Per hour: \$	Salary per year: \$	
Describe your job responsibilities and duties					
Supervisor's name		Telephone number		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving?					
Company Name			Employment dates		
			From:		To:
Company address	City	State	Compensation: Per hour: \$	Salary per year: \$	
Describe your job responsibilities and duties					
Supervisor's name		Telephone number		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving?					
Company Name			Employment dates		
			From:		To:
Company address	City	State	Compensation: Per hour: \$	Salary per year: \$	
Describe your job responsibilities and duties					
Supervisor's name		Telephone number		May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason for leaving?					
In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, The agency is an EQUAL OPPORTUNITY EMPLOYER and WILL NOT DISCRIMINATE AGAINST RACE, COLOR, SEX, CREED, NATIONAL ORIGIN OR COMMUNICABLE DISEASE AS DEFINED IN SECTION 504 OF TITLE VI. In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation Supreme Home Healthcare, LLC WILL NOT DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF HANDICAP. In accordance with the Age Discrimination Act of 1975 and its implementing regulation the agency WILL NOT DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF AGE in the provision of services, unless age is a factor necessary to the normal operation or the achievement of any statutory objective. In accordance with the Americans with Disabilities Act of 1992 (42 USC §12101) and its implementing regulations, (private employers with more than 25 agency personnel), the agency WILL NOT DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF DISABILITY. A disability is a physical or mental impairment that substantially limits a major life activity, or for which there is a record of impairment or which causes the individual to be regarded as impaired.					
The information that I have given is true and accurate to the best of my knowledge					
Signature of Applicant				Date	

Addendum to Employment Application

The Ohio Administrative Code (5123:2-.05) requires that home health companies ascertain from applicants for employment that have not been convicted or plead guilty to the offenses listed below. Your signature below indicates that you have not committed nor plead guilty of:

Aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, failing to provide for a functionally impaired person, aggravated menacing, patient abuse and neglect, kidnapping, abducting, criminal child enticement, rape, sexual battery, unlawful sexual conduct, with a minor, gross sexual imposition, importuning, voyeurism, public indecency, compelling prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented materials involving a minor, illegal use of a minor in nudity-oriented material or performance, aggravated robbery, robbery, aggravated burglary, burglary, unlawful abortion, endangering children, contributing to the unruliness or delinquency of a child, domestic violence, carrying a concealed weapon, having weapons while under disability, improperly discharging a fire arm at or into a habitation of school, corrupting others with drugs, trafficking in drugs, illegal manufacture of drugs or cultivation of marijuana, funding of drugs or marijuana trafficking, illegal administration or distribution of anabolic steroids, placing harmful objects in food or confection, child stealing, possession of drugs, felonious sexual penetration.

I, _____ have read the contents of this addendum to my application for employment with this agency. I also understand that I am required by law to notify the agency, within 14 (fourteen) days if I receive formal charges, convictions, or make a guilty plea to any one of the disqualifying offenses listed above.

Signature of Employee

Date

Print Name