

Personal Home Health Care

An equal opportunity employer

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for available positions without regard to age, race, color, religion sex, national origin, or disability.

Please complete entire application in detail.

Interview Date: _____

GENERAL INFORMATION				
Name: Last		First	M.I.	Social Security #
Present Address:		City	State	Zip ()
Permanent Address (if different than above):		City	State	Zip ()
Position Applying For/Type of Work Desired:				Salary/Wage Desired:
Date Available:	Are you willing to travel: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Geographic Preference:	
Please check all that apply: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Temporary			Do you have relatives employed by FACILITY NAME <input type="checkbox"/> Yes <input type="checkbox"/> No	
Schedule preferences: (Preferences not guaranteed)		Are you under the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><i>We employ only United States citizens and aliens lawfully authorized to work in the United States. In compliance with the Immigration Reform and Control Act of 1986, we require all new employees to complete the Employment Eligibility Verification Form (Form I-9) and to provide legally sufficient documentation of identity and employment eligibility.</i></p>				
Are you legally eligible to work in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever been employed by FACILITY NAME? If Yes, please specify location and dates of employment:			No <input type="checkbox"/> Yes <input type="checkbox"/>	
Have you ever filed an application with FACILITY NAME? If Yes, please specify date(s) and location of application:			No <input type="checkbox"/> Yes <input type="checkbox"/>	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you on lay-off or subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<p>Have you pled guilty to or been convicted of a crime other than a driving-related misdemeanor? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:</p>				
<p>As part of the application/screening process, we are required by state law to obtain fingerprints and conduct a criminal background investigation on all applicants. This investigation reveals all arrests, criminal charges, no contests, convictions and guilty pleas you have had since you were a juvenile. Not all convictions and/or guilty pleas will disqualify you from employment, but we do need to discuss them with you. Failure to accurately complete your employment application and/or falsification of information on it may result in the termination of your employment should you be hired to work here.</p>				
<p>Source of referral: <input type="checkbox"/> Advertisement <input type="checkbox"/> Agency <input type="checkbox"/> Employee <input type="checkbox"/> School/Organization <input type="checkbox"/> Other Please specify: _____</p>				
EDUCATION				
School Level	School Name & Location	Circle last year completed	Major Subject or Course of Study	Diploma/Degree
Grammar School		6 7 8		
High School or GED Equivalent		9 10 11 12		
College		1 2 3 4		
Graduate/Professional		1 2 3 4		

Employment History - Start with most recent position. You may include volunteer activities, but you are not required to include any activities which would indicate age, race, color, religion, sex, national origin, or disability.

EMPLOYMENT HISTORY			
Name of present employer		Supervisor's Name/Title	
Address		Suite #	Work Phone # ()
City	State	Zip	Fax # ()
Final Position	Hourly Rate/Salary	Dates in position From: To:	
Starting Position	Hourly Rate/Salary	Dates in position From: To:	
Brief description of duties/responsibilities:		Reason(s) for leaving	
		May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of employer		Supervisor's Name/Title	
Address		Suite #	Work Phone # ()
City	State	Zip	Fax # ()
Final Position	Hourly Rate/Salary	Dates in position From: To:	
Starting Position	Hourly Rate/Salary	Dates in position From: To:	
Brief description of duties/responsibilities:		Reason(s) for leaving	
Name of employer		Supervisor's Name/Title	
Address		Suite #	Work Phone # ()
City	State	Zip	Fax # ()
Final Position	Hourly Rate/Salary	Dates in position From: To:	
Starting Position	Hourly Rate/Salary	Dates in position From: To:	
Brief description of duties/responsibilities:		Reason(s) for leaving	
Name of employer		Supervisor's Name/Title	
Address		Suite #	Work Phone # ()
City	State	Zip	Fax # ()
Final Position	Hourly Rate/Salary	Dates in position From: To:	
Starting Position	Hourly Rate/Salary	Dates in position From: To:	
Brief description of duties/responsibilities:		Reason(s) for leaving	
Have you ever been discharged or involuntarily terminated from any employment?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain:			

SKILLS, TRAINING & LICENSURE

Describe your qualifications and skill for the work desired:

Answer this question only after reviewing a description of the job(s) applied for: Are you able to perform the essential functions of the job(s) for which you are applying with or without accommodation? [] Yes [] No

If No, please explain:

Please list all applicable certificate(s) or license(s) and the state(s) of issue:

License/Certificate:	_____	Expiration:	_____
Number:	_____	State of Issue:	_____
License/Certificate:	_____	Expiration:	_____
Number:	_____	State of Issue:	_____
License/Certificate:	_____	Expiration:	_____
Number:	_____	State of Issue:	_____

CERTIFICATION

I certify that the information in this application is complete and accurate to the best of my knowledge. I understand that falsification, misrepresentation, or omission of facts in the application or during any oral interview will disqualify me from further consideration or, if I am hired, will be sufficient cause for my immediate dismissal **I understand that any offer of employment is conditional upon reference checks, successful completion of a criminal background check, pre-employment physical AND drug screen.**

I authorize this Facility to obtain information about me kept by any consumer reporting agency, to investigate, in its discretion, my past educational and employment history, personal references or other types of information provided in this application. I understand I have the right to request from the Facility in writing, the nature and scope of any investigation requested. I also understand that the release of the information disclosed to the facility is only for the official use of the Facility with respect to my application for employment and no other purposes. I authorize my past employers, all references, and any other persons to answer all questions asked by the Facility concerning my education, abilities, and previous employment record. I release all such persons from any and all liability or damages on account of having furnished such information. **I understand that any offer of employment is conditional upon reference checks, successful completion of a criminal background check, pre-employment physical AND drug screen.** I hereby authorize the Facility to conduct such exams.

Applicant's Signature: _____ Date: _____

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This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time or if the application is still on file.



REQUEST FOR REFERENCE

TO BE COMPLETED BY APPLICANT

These References are required for consideration for employment.

APPLICANT INFORMATION

Applicant Name Social Security No.			
Last	First	MI	
Position Applying For			

REFERENCE INFORMATION

Reference Name	
Company	Phone
Address	

AUTHORIZATION AND RELEASE

I authorize any of the persons or organizations listed in this Application for Employment, to provide Personal Home Health Care any and all information concerning my previous employment, education, or any other information they may have, personal or otherwise, with regard to any of the subjects covered by this Application. I release all such persons or organizations, from all liability for any damages that may result from furnishing such information to Personal Home Health Care. I authorize Personal Home Health Care to request and receive such information, and I further understand that a copy of this authorization would accompany any such request for information. I request that any persons or organizations contacted by Personal Home Health Care provide such information as may be requested.

Signature	Date
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TO BE COMPLETED BY REFERENCE

The above applicant is being considered for employment. Your assistance in completing and returning this form will be greatly appreciated. All information will be held in strictest confidence.

RATING	CATEGORIES	RATING	CATEGORIES
Behavior/Cooperation	1 2 3 4	Tardiness/Absenteeism	1 2 3 4
Honesty/Integrity	1 2 3 4	Ability to work as Team Player	1 2 3 4
Responsibility	1 2 3 4	Interpersonal Skills	1 2 3 4
Job Knowledge	1 2 3 4	Problem Solving Ability	1 2 3 4

1 = Excellent 2 = Satisfactory 3 = Adequate 4 = Weak

Position Held:	Dates of Employment	From	To	
<input type="checkbox"/> CAN ONLY RELEASE DATES OF EMPLOYMENT				
Capacity in which you know this person: Supervisor Co-Worker Personal Private Employer Other _____				
If you are a former employer, would you re-hire this person? YES NO				
Comments:				
Signature of Person Completing Form				Date



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Honesty/Integrity	1 2 3 4	Ability to work as Team Player	1 2 3 4
Responsibility	1 2 3 4	Interpersonal Skills	1 2 3 4
Job Knowledge	1 2 3 4	Problem Solving Ability	1 2 3 4

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Position Held:	Dates of Employment	From	To
<input type="checkbox"/> CAN ONLY RELEASE DATES OF EMPLOYMENT			
Capacity in which you know this person: Supervisor Co-Worker Personal Private Employer Other _____			
If you are a former employer, would you re-hire this person? YES NO			
Comments:			
Signature of Person Completing Form			Date

**Personal Home Health Care
Long-Term Care Background Check
Authorization Form**

Senate Bill 160 was enacted into law in October 1996 and requires that all long-term care providers conduct an inquiry into the criminal records of all applicants being considered for employment with ("the Facility"). The law also requires that the Facility verify the residence(s) for the last five (5) years of those individuals being fingerprinted.

By signing this Authorization Form, I voluntarily agree and consent to be fingerprinted and authorize the Facility to submit a request for a criminal records check for long-term care workers as required by Senate Bill 160.

By signing this Authorization Form, I represent that I have reviewed the list of disqualifying crimes listed on the reverse side of this Authorization Form and that I have not been convicted of or plead guilty to any of the crimes that would disqualify me from working with older adults under Senate Bill 160.

I understand that if I am found to have a record of any of the disqualifying convictions, I will not be hired for a position working with older adults. I further understand that if, during the course of my employment with the Facility, I am convicted of any one of the disqualifying crimes, my employment at the Facility can and may be terminated.

I attest that the following is a complete and accurate account of my residence(s) for the last five (5) years. *(Please list only those residence(s) which are in the United States.)*

Date(s)	Address
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Date(s)	Address
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Date(s)	Address
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Signature of Applicant

Date

In accordance with SB 160, conviction of or pleading guilty to one or more of the following crimes dis-qualifies applicant for employment with the facility.

Aggravated Murder	Unauthorized Access to Computer System
Murder	Passing Bad Checks
Voluntary Manslaughter	Misuse of Credit Cards
Involuntary Manslaughter	Forgery
Felonious Assault	Medicaid Fraud
Aggravated Assault	Securing Writings by Deception
Assault	Insurance Fraud
Failing to Provide for a Functionally Impaired Person	Receiving Stolen Property
Aggravated Menacing	Unlawful Abortion
Kidnapping	Endangering Children
Abduction	Contributing to Unruliness or Delinquency of a Child
Child Stealing	Domestic Violence
Criminal Child Enticement	Prohibition of Conveyance of Certain Items on to Grounds of Detention Facility, Mental Health or MRDD Facility
Extortion	Carrying Concealed Weapons
Coercion	Having Weapons While Under Disability
Rape	Improper Discharging of Firearm at or into Habitation or School
Sexual Battery	Corrupting Another with Drugs
Corruption of a Minor	Trafficking in Drugs
Gross Sexual Imposition	Drug Abuse
Sexual Imposition	Permitting Drug Abuse
Voyeurism	Deception to Obtain Dangerous Drugs
Public Indecency	Illegal Processing of Drug Documents
Felonious Sexual Penetration	Adulterated Food
Compelling Prostitution	
Promotion of Prostitution	
Procuring Prostitution	
Disseminating Matter Harmful to Juveniles	
Pandering Obscenity	
Pandering Obscenity Involving a Minor	
Pandering Sexually Oriented Matter Involving a Minor	
Illegal Use of Minor in Nudity-Oriented Material or Performance	
Aggravated Robbery	
Robbery	
Burglary	
Breaking & Entering	
Theft: Aggravated Theft	
Unauthorized Use of a Vehicle	
Unauthorized Use of Property	

MANDATORY DOCUMENTS
FOR ALL STAFF:
Personal Home Health Care

Should Personal Home Health Care call you to begin Orientation, you must bring with you all of the listed documents to be able to attend.

Orientation will be re-scheduled if you do not have all of the following credentials:

- Current Resume`
- Current Driver's License
- Social Security Card, Birth Certificate or Current Passport
- Current Auto Insurance
- Current CPR Card that **MUST** be signed by you. The online training course for this is not acceptable, as there is no hands-on demonstration.
- Current TB Test results (we can administer for you)
- Current Physical Examination within the last year.
- Checking or Savings Account for Direct Deposit Enrollment - This is a mandatory requirement