

UNITED HOME HEALTH SERVICES, INC
APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Name _____ Social Security # _____

Street Address _____ City _____ Zip _____

Home Phone _____ Alternate Phone _____

In case of emergency, notify: _____ Phone _____

Address _____ Relationship _____

Classification: RN _____ PT _____ OT _____ ST _____ MSW _____ HHA _____ Other _____

Applying for position as _____

Professional Licenses or Certificates

Type _____ State _____ Exp. Date _____ Registration _____

Rate of Pay Desired _____

How did you learn of our agency? _____

Are you 18 years or older? _____

If hired, can you provide written evidence that you are authorized to work in the U.S.? _____

Have you been a member of the Armed Forces of the United States of America or in a State Militia?

Yes _____ No _____ Identify Branch _____ Describe Duties _____

Have you ever been convicted of a crime? _____ If so, when, where and nature of offense?

Are there any felony charges pending against you? _____

Have you ever worked for a Fiscal Intermediary? (i.e. Medicare) _____

If hired, would you be able to perform all essential functions and all necessary job assignments of the particular job for which you are applying? Yes _____ No _____ If not, please explain: _____

Are you on lay-off or subject to recall? Yes _____ No _____

Do you own a car? _____ Driver's License # _____

<u>EDUCATION</u>	<u>Name/Location</u>	<u>Field of Study</u>	<u>Level Completed</u>
High School or GED	_____	_____	_____
College	_____	_____	_____
College	_____	_____	_____

PREVIOUS EMPLOYER RECORD (List Last Employer First)

Company Name _____ Phone _____

Address _____

Position Held _____ Dates of Employment _____

Ending Salary _____ Responsibilities _____

Reason for Leaving _____

Supervisor's Name _____

Company Name _____ Phone _____

Address _____

Position Held _____ Dates of Employment _____

Ending Salary _____ Responsibilities _____

Reason for Leaving _____

Supervisor's Name _____

Company Name _____ Phone _____

Address _____

Position Held _____ Dates of Employment _____

Ending Salary _____ Responsibilities _____

Reason for Leaving _____

Supervisor's Name _____

PERSONAL REFERENCES (Do not use relatives)

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

AVAILABILITY

If hired, on what date would you be available to start? _____

Days available for Assignment _____

Place check mark to indicate your availability to work:

Full Time _____ Part Time _____ Days _____ Weekends _____

United Home Health Services, Inc. is an equal opportunity employer that hires and conducts all employee functions without regard to national origin, color, race, religion, sex, age, marital status or the presence of non-job-related medical conditions or disabilities.

Applicants Statement of Certification

I understand that the employer follows an "employment at will" policy, in that I or the employer may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the President of this organization. I understand that this application is not a contract of employment. I understand that federal law prohibits the employment of unauthorized aliens; all persons hired must submit satisfactory proof of employment authorization and identity; failure to submit such proof will result in denial of employment.

I understand that this application will be active for a period of one year; after that time, if I wish to be considered for employment, I must submit a new application.

I understand that the employer will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named therein, except my current employer if so noted, to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that if an offer of employment is made, I will be required to submit to, and pass a urine drug test as a condition of employment.

I understand that if I am accepted for employment with this agency, I agree to abide by its policies, and also to report to my supervisor and/or OSHA Compliance Officer any and all job-related accidents and illness within twenty-four (24) hours of their occurrence, regardless of severity.

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant Signature _____ Date _____

Interviewer Evaluation (Company use only)

Comments: _____

Interviewed by: _____

Date _____

Date of Hire: _____

Position _____