

Application for Employment

Angels Care Home Health Service, LLC

7606 Slate Ridge Blvd

Reynoldsburg, OH 43068

Tel: 614-367-7724 Fax: 614-367-7734

PERSONAL DATA						
Date application completed		OFFICE USE ONLY Date of Interview			OFFICE USE ONLY Date of Hire	
Last		First			Middle	
Social Security Number		Date of Birth		Home Number ()		
				Pager / cellular number ()		
Address <i>(If less than one year 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		
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Homemaking		
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: \$
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Describe your job responsibilities and duties

Supervisor's name	Telephone number	May we contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason for leaving?

WORK HISTORY

Company name		Employment dates			
		From:		To:	

Company Address	City	State	Wage	Per Hour	Annual
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Describe your job responsibilities and duties

Supervisor's name	Telephone number	May we contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason for leaving?

WORK HISTORY

Company name		Employment dates			
		From:		To:	

Company address	City	State	Compensation: Per hour: \$	Salary per year: \$
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Describe your job responsibilities and duties

Supervisor's name	Telephone number	May we contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason for leaving?

WORK HISTORY

Company Name		Employment dates			
		From:		To:	

Company address	City	State	Compensation: Per hour: \$	Salary per year: \$
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Describe your job responsibilities and duties

Supervisor's name	Telephone number	May we contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason for leaving?

WORK HISTORY

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In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, Angels Care Home Health Service, LLC 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 Angels Care Home Health Service, 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 Angels Care Home Health Service, LLC 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), Angels Care Home Health Service, LLC 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
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ADDENDUM TO EMPLOYMENT

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 Angels Care Home Health Service, LLC. I also understand that I am required by law to notify Angels Care Home Health Service, LLC, 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