

# Application for Employment

# APEX Home Health

It is this facility's policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, or disability.

Applicant Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Present Address

City/State/Zip: \_\_\_\_\_

Position Applying for: \_\_\_\_\_  Full Time  Part Time per visit  Pool Shift:  Day  Night  
 Part Time  Evening  W/E

Salary Requirements: \_\_\_\_\_ Date Available: \_\_\_\_\_ Are you at least 18 years old?  Yes  No

In case of an emergency notify: \_\_\_\_\_

Are you a U.S. citizen  Yes  No; If No, do you have you the legal right to work/remain permanently in the US?  Yes  No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?

Yes  No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years?  Yes  No If Yes, please give date, place and nature of each such conviction: \_\_\_\_\_

Are you presently charged with any violation of the law other than traffic violation?  Yes  No If Yes, give date, place and nature of each such conviction: \_\_\_\_\_

## EDUCATIONAL HISTORY

Type of School	Name & Location of School	Years Attended	Graduated	Degree
High School				
College				
University				
Other				

List professional licenses you possess. Indicate type of license, number and state: \_\_\_\_\_

List any membership in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability: \_\_\_\_\_

List languages spoken other than English: \_\_\_\_\_

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Social Security Number: XXX-XX-\_\_\_\_\_

### WORK HISTORY

Company Name:	Address City, State, Zip	Phone Number	Supervisor's Name:
Date Started: Date Left:	Type of Business: Salary: Status:	Reason for Leaving	Ok to contact Supervisor? [ ] Yes [ ] No
Describe your job title, responsibilities and accomplishments: _____ _____ _____ _____			
Company Name:	Address City, State, Zip	Phone Number	Supervisor's Name:
Date Started: Date Left:	Type of Business: Salary: Status:	Reason for Leaving	Ok to contact Supervisor? [ ] Yes [ ] No
Describe your job title, responsibilities and accomplishments: _____ _____ _____ _____			
Company Name:	Address City, State, Zip	Phone Number	Supervisor's Name:
Date Started: Date Left:	Type of Business: Salary: Status:	Reason for Leaving	Ok to contact Supervisor? [ ] Yes [ ] No
Describe your job title, responsibilities and accomplishments: _____ _____ _____ _____			

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Applicant Name: \_\_\_\_\_

### PERSONAL REFERENCES

Name	Phone Number	Relationship

#### Please review and sign

In making this application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested; and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

**Release:** I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

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

<b>FOR OFFICE USE ONLY</b>
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[ ] References checked      If hired: Position: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Salary: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Per Visit: \_\_\_\_\_

# Reference Request

YRRL, Inc d/b/a APEX Home Health

Date: \_\_\_\_\_

Check method of gathering reference data:  Verbal  Mail

Name of person giving reference: \_\_\_\_\_ Facility: \_\_\_\_\_

The individual named below is applying for a position as \_\_\_\_\_ and has given you as a reference. As we place great important on the thorough screening of all our applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance: \_\_\_\_\_  
(Name of Company Representative)

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## Applicant Release

Applicant: \_\_\_\_\_  
Last First MI Maiden

Position Held: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

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

\_\_\_\_\_  
Date

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1) Please confirm the applicant's employment; From \_\_\_\_\_ To \_\_\_\_\_ dates.

2) Please comment on the applicant's attributes using the following scale:  
4 = Excellent      3 = Good      2 = Fair      1 = Poor N/A = Not applicable

- \_\_\_\_\_ Quality of Work
- \_\_\_\_\_ Knowledge & Skills
- \_\_\_\_\_ Reliability & Attendance
- \_\_\_\_\_ Cooperation
- \_\_\_\_\_ Competence
- \_\_\_\_\_ Supervisory ability & capacity
- \_\_\_\_\_ Grooming

3) Please indicate specialty areas in which the applicant has had experience: \_\_\_\_\_

4) Please indicate any special considerations necessary when giving assignment to this individual: \_\_\_\_\_

5) I applicant eligible for rehire?  Yes  No If no, why not? \_\_\_\_\_

Please attach any additional comments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position/Title

\_\_\_\_\_  
Date