

ACTIVE HOME CARE SERVICES LLC

EMPLOYMENT APPLICATION

Phone: 717-963-7956 Fax: 717-963-7832

Name (First): _____ Middle Name: _____ Last Name: _____

Social Security No: _____

Address (Street No., City, State, Postal Code, Country)

Telephone (Cell)

(Home)

Email Address

Position Applying for

Other Positions You May Be Interested in

Rate of Pay Expected \$ _____ per hour

Hours Desired

- 40/Wk
 < 40/Wk
 On Call
 Any

Shifts Available

- Morning
 Evening
 Nights
 Any

Days Available

- Sun Thu
 Mon Fri
 Tue Sat
 Wed

Preferred locations/site (hospitals, nursing homes, clinics, etc.) of interest to work Make a list. (City, State)

Professional Licensure

Type	Number	Type	Number

Applicant Declaration

Expiration	Current States	Expiration	Current States

Are you 16 or older?

- Yes No

Are you eligible to work in the United States legally?

- Yes No

Have you ever been convicted, plead guilty or no contest to a crime? This includes misdemeanors (except parking violations), gross misdemeanors and felonies. A conviction, guilty plea or no contest will not necessarily disqualify you for employment consideration.

Yes No If yes, gives dates and explanation (where, when, etc.): _____

Have you ever been excluded from the Medicare or Medicaid program for conduct that would constitute a misdemeanor, gross misdemeanor or a felony under the law? Yes No.

If yes, please explain: _____

Have you ever been disciplined by professional or state ethics or licensing board? Yes No

If yes, please explain: _____

How did you find out about our company, positions? _____

Did anybody refer you to our company? Yes No. If yes, who? _____

Educational Information

High School	Diploma Program, Commercial or Technical	
Address	Address	
City State Postal Code	City State Postal Code	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree
College or University	Graduate School	
Address	Address	
City	City	
Country	Country	
Major	Major	
Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Did You Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No Degree

Employment Information

1. Employer (Most Recent)		2. Employer	
Address		Address	
City/State/Postal Code		City/State/Postal Code	
Supervisor Name/Phone No.		Supervisor Name/Phone No.	
Start Date	End Date	Start Date	End Date
Position	Average Hours Per Week	Position	Average Hours Per Week
Starting Salary	Ending Salary	Starting Salary	Ending Salary
Reason for Leaving		Reason for Leaving	
3. Employer		4. Employer	
Address		Address	
City/State/Postal Code		City/State/Postal Code	
Supervisor Name/Phone No		Supervisor Name/Phone No	
Start Date	End Date	Start Date	End Date
Position	Average Hours Per Week	Position	Average Hours Per Week
Starting Salary	Ending Salary	Starting Salary	Ending Salary
Reason for Leaving		Reason for Leaving	

Equal Employment Opportunity Questionnaire

Sex Male Female

Race/Ethnic Category Do You Consider Yourself

- White/Caucasian
- African American Not of Hispanic.
- Hispanic
- Asian or Pacific Islander

Vietnam Veteran

Did you serve active duty in the armed services (for a period of more than 180 days) between August 5, 1964 and May 7, 1975?

Yes No

Disabled Veteran

Are you entitled to disability compensation under laws administered by the Veterans Administration for disability rates at 30% or more, or are you a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Yes No If yes, list disability _____

Handicapped

Do you (1) have a physical or mental impairment which substantially limits one or more major life activities, (2) have a secure record of such impairment, (3) are regarded as having such an impairment, or (4) have experienced difficulty, retaining or advancement in employment because of your handicapped?

Yes No

Our company is committed to respectful and equal treatment for all employees. This commitment includes non-discrimination towards applicants and employees on the grounds of race, color, creed, religion, age, sex, disability, national origin, ancestry, sexual orientation, marital status, or with regard to public assistance, or union or non-union status. This prevails throughout the employment relationship, including, but not limited to recruitment, selection, training, transfer, compensation, promotion, demotion, layoff and termination.

Required Document Check List

- o Nursing License
- o Driver's License
- o Social Security Card
- o Auto Insurance Information (Declaration Page; liability coverage) (Optional)
- o Current CPR and First Aid Certification for the Healthcare provider (online only CPR will not be accepted)
- o PPD* within the last year (This can be done the first day of orientation.) or a chest x-ray within the last five years.
- o Continuing Education Course Material for the current year(optional)

****Your name on your nursing license MUST match the name on your social security card.**

The above listed documents are necessary to complete your personnel file. To assist you, we have provided you with a checklist that should be checked as you obtain the documents. After completing the list, please submit it along with the original documents on the **FIRST** day of orientation. Photocopies of the original documents will be made if necessary and returned to you. These documents are necessary to attend orientation.

All Field RN Staff are personally responsible for providing the following equipment to perform Med-Surg Home Care visits:

1. Blood Pressure Cuff (Aneroid Only)
2. Digital Thermometer
3. Stethoscope

*PPD's **must** include the date it was administered, the date it was read, the in-duration and the signature of the person reading the results

****Failure to provide ALL of these documents will result in the rescheduling of your orientation.**

I certify that all the information I have provided is true, complete and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in United State of America, proof of certifications or educational qualifications, and a driver abstract (if applicable).

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

Applicant's Signature _____ **Date** _____

For office use only:

Date application received: _____

Date applicant contacted: _____

Notes: _____

