**EMPLOYMENT APPLICATION**

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin, or handicap. All information provided herein will be kept confidential.

**PERSONAL**

 **\_\_\_\_\_\_\_\_\_\_**

**Last Name First Middle Date**

**Street Address Cell Phone**

 **\_**

**City, State, Zip Code Home Phone**

**Email Address**

Have you ever applied for employment with this Agency? \_\_\_\_\_Yes No

How many hours a week are you available for work?

Are you legally eligible for employment in the United States? Yes No

Are you a U.S citizen? \_\_\_\_Yes\_\_ No

How did you learn about our organization? \_\_Other Online Ad \_\_ Agency employee

Are you willing to work: \_\_\_\_\_\_\_Evenings? \_\_\_\_\_\_\_\_\_\_ Weekends?

Position applying for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Page 1 of 4**

**EDUCATION:**

School Name Location of School Course of Study Degree/Diploma

 \_\_\_\_

 \_\_\_\_

 \_\_\_\_ \_\_\_\_

 \_\_\_\_ \_\_\_\_

**Employment:**

**List the last five years employment history, starting with the most recent employer**.

1. Company Name: Telephone:

Address: Dates of Employment:

 From To

City State Zip Code Starting Pay:

Job Title and Describe your work: Reason for leaving:

 \_\_\_\_\_

2. Company Name: Telephone:

Address: Dates of Employment:

 From To

City State Zip Code Starting Pay:

Job Title and Describe your work: Reason for leaving:

 \_\_\_\_\_

3. Company Name: Telephone:

Address: Dates of Employment:

 From To

City State Zip Code Starting Pay:

Job Title and Describe your work: Reason for leaving: **Page 2 of 4**

Was your last name different from your present name during the above listed jobs? Yes No

If yes, what was your name?

Are you currently employed? Yes No

Do you have reliable transportation? Yes No

**PROFESSIONAL REFERENCES**

People who can furnish information about job performance

1. Name: Telephone:

Address:

2. Name: Telephone:

Address:

3. Name: Telephone:

Address:

**GENERAL**

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency?

Yes No

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full:

Are you capable of performing the job set forth in the job description?

Yes No If you answered No, which job requirement can you not meet?

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**CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED**

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualifications acquired from employment or other experience**.**

**PLEASE READ ALL STATEMENTS BELOW BEFORE SIGNING THIS APPLICATION:**

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL

I Authorize complete investigation of all statements contained herein and herby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that my result from furnishing the same to the Agency.

This Agency performs random drug screening and prohibits the use of illegal drugs. I understand that I will be subject to random drug screening and failure to submit or pass drug screening may result in dismissal for cause. By signing this application, I agree to submit to random drug screening as requested.

I understand and agree that, if hired, my employment is for no definite period arid may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time**.**

**I understand that a criminal background check will be performed for any position that has direct access to patients/clients or their personnel/medical information. By signing this application, I give permission for a criminal background check to be performed. I understand that if offered a position my employment may be conditional or terminated based on the results of my criminal background check.**

**DATE: SIGNATURE:**

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**APPLICANT REFERENCE CHECK (1)**

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

**To be filled out by applicant:**

Applicant Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Application**:** \_\_\_\_\_\_\_\_

Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_

**I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by previous employer:**

Date of employment: From: \_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_Position Held: \_\_\_\_\_\_\_

Would you rehire this individual? Yes \_\_\_ No \_\_\_\_\_

Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of Pay: (weekly/biweekly/salary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments (training/skills) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference check performed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**APPLICANT REFERENCE CHECK (2)**

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

**To be filled out by applicant:**

Applicant Name**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Application**:** \_\_\_\_\_\_\_\_

Previous Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Person: \_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( ) \_\_\_\_\_\_\_\_\_\_\_

**I hereby authorize the following information to be released for all previous employers listed. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by previous employer:**

Date of employment: From: \_\_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_Position Held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you rehire this individual? Yes \_\_\_ No \_\_\_\_\_

Responsibilities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rate of Pay: (weekly/biweekly/salary): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_+\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional comments (training/skills) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reference check performed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EMPLOYEE EMERGENCY CONTACT INFORMATION**

**Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*In case of emergency, please contact:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please notify this Agency immediately if any of the emergency contact information changes**

**STATEMENT OF GOOD HEALTH/FREE OF COMMUNICABLE DISEASE**

**Explanation and Instruction:**

Our company policy requires all employees who have direct contact with patients in the home setting to submit a statement from an appropriately licensed health care professional, based on an exam performed within the last twelve months. The employee must show no apparent signs or symptoms of communicable disease.

**Statement to be signed by a Physician or appropriately licensed Healthcare professional.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**was examined by me on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. He/She is in adequate health to perform home health duties and show no apparent signs or symptoms of communicable disease.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Professional Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number

A PPD test was done in this office on\_\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

and read on \_\_\_\_\_\_\_\_\_\_\_\_\_ by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Rt. Forearm\_\_\_\_ Lt. forearm\_\_\_\_

Result: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If redness present, size/description \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manufacturer name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Lot number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TB TARGETED MEDICAL QUESTIONNAIRE AND RISK FORM**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Employee Printed Name

1. Have you ever had a positive TB skin test or history of TB infection? \_\_\_\_

 If the answer is YES, please answer the following:

2. Have you ever had the BCG vaccine? \_\_\_\_

3. Do you have prolonged or recurrent fever? \_\_\_\_

4. Have you recently lost weight? \_\_\_\_

5. Do you have a chronic cough? \_\_\_\_

6. Do you cough up blood? \_\_\_\_

7. Do you sweat at night? \_\_\_\_

8. Do you have any of the following risk factors?

 \_\_\_\_ a. Silicosis (Lung Disease)

 \_\_\_\_ b. Gastrectomy

 \_\_\_\_ c. Intestinal Bypass

 \_\_\_\_ d. Weight 10% or more below ideal body weight

 \_\_\_\_ e. Chronic Renal Disease

 \_\_\_\_ f. Diabetes Mellitus

 \_\_\_\_ g. Prolonged high-dose corticosteroid therapy or other

 Immunosuppressive therapy

 \_\_\_\_ h. Hematologic Disorder i.e. leukemia or lymphoma

 \_\_\_\_ i. Exposure to HIV or AIDS

 \_\_\_\_ j. Other malignancies

**Baseline Individual TB Risk Assessment**

Answer “Yes” or “No”. Employee should be considered at risk for TB if any of the following statements are marked “Yes”.

\_\_\_\_\_\_ Temporary or permanent residence of > 1 month in a country with a high TB rate (any country other than the U.S., Canada, Australia, New Zealand, and those in Northern or Western Europe)

\_\_\_\_\_\_\_ Current or planned immunosuppression, including HIV infection, organ transplant recipient, treatment with a TNF alpha antagonist, chronic steroids, or other immunosuppressive medication.

\_\_\_\_\_\_\_ Close contact with someone who has had infectious TB disease since the last TB test

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewed by Signature Date

***Bring the items below if called back for an interview:***

* *Copy of resume*
* *License copy*
* *Diploma/Degree/transcript or certificate*
* *Social security card*
* *CPR card*
* *Driver’s license and insurance*
* *And complete the form for the free of communicable disease and TB 1st step and 2nd step or QuantiFERON (your own expense) ,*
* *You can get an appointment at Lee Health*

*-Tel: (239) 343-9841*

***Thank you for choosing us, we will reach out as soon as we have reviewed your application!!***