

Application for Employment

RELIABLE Home Health Care, LLC

4941 Profit Way

Dayton OH 45414

Tel: 937-274-2900 Fax: 937-274-2902

| PERSONAL DATA | | | | | |
|--|---|---|--|---|---------------------|
| Date application completed | | OFFICE USE ONLY Date of Interview | | OFFICE USE ONLY Date of Hire | |
| Last | | First | | Middle | |
| Social Security Number | Home phone () | Other number () | Pager / cellular number () | | |
| Address (If less than one year provide your previous address) | | 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 | |

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

RELIABLE HOME HEALTH CARE, LLC

REFERENCE CHECK

Date: _____

Mail to: _____ Manager Phone _____
Name of Company / Individual

Address: _____

Name of Applicant: _____ SS #: _____

Position Held: _____ Dates of Employment: _____ to _____

ASSESSMENT OF WORK ETHIC

| | Excellent | Good | Poor |
|-----------------------------|------------------------------|--------------------------|-----------------------------|
| Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct Performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eligible for Rehire | <input type="checkbox"/> YES | | <input type="checkbox"/> NO |

If you answered "no" to rehire eligibility or you possess any other pertinent information, positive or negative in regards to the named applicant's ability, character and/or integrity, the signature below gives you the authority to share the information/ Please describe:

I hereby authorize any person, company, or organization to furnish Reliable Home Health Care, LLC with the answers to the questions regarding my employment record.

In consideration for Reliable Home Health Care, LLC to consider my application for employment, I hereby release all liability created by this inquiry into my employment record, by the communication of the requested information, or by any action taken by Reliable Home Health Care, LLC based on that information and from any other claim for relief of any kind and from any and all causes of action which I might otherwise assert based upon said inquiry, communication, or action.

Signature of Applicant _____ Date _____

Reference Check Completed by: _____ Date: _____

Telephone Inquire Spoke with _____

Mailing Date mailed _____

RELIABLE HOME HEALTH CARE, LLC

REFERENCE CHECK

Date: _____

Mail to: _____ Manager Phone _____
Name of Company / Individual

Address: _____

Name of Applicant: _____ SS #: _____

Position Held: _____ Dates of Employment: _____ to _____

ASSESSMENT OF WORK ETHIC

| | Excellent | Good | Poor |
|-----------------------------|------------------------------|--------------------------|-----------------------------|
| Quality of Work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Reliability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Conduct Performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ability to work with others | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eligible for Rehire | <input type="checkbox"/> YES | | <input type="checkbox"/> NO |

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Signature of Applicant _____ Date _____

Reference Check Completed by: _____ Date: _____

Telephone Inquire Spoke with _____

Mailing Date mailed _____

RELIABLE HOME HEALTH CARE, LLC

IMPORTANT INFORMATION FOR APPLICANTS REGARDING FINGERPRINTING BACKGROUND CHECKS

On January 27, 1997, Senate Bill # 160 became effective. This bill (section 3701.881) requires that fingerprinting background checks be performed on all potential applicants. There are two different kinds of background check. An Ohio background check may be performed if an individual can prove that he/she has been a resident of Ohio for 5 years. If a potential applicant can not submit substantial proof for 5 year Ohio residency, then an FBI background check along with an Ohio background check is required.

Prices for these background checks are listed below for your reference. The cost for the fingerprinting background check(s) are the applicant's responsibility.

If you are able to provide a background check report performed within the last 12 months, this process may be waived.

The applicant may be employed conditionally while the background check is being obtained. In accordance with the Act, employment will be terminated if: (1) the background check is not received within sixty (60) days of the request, or (2) the results of the background check indicate that the individual has been convicted of, or pleaded guilty to, one of the listed offenses (attached) or any existing or former law of the state, any other state, or the United States, that is substantially equivalent to one of those offenses.

GENERAL INFORMATION

Background check cost (please check one of the boxes):

- OHIO** Background Check
(Must be able to provide proof of
Ohio residency for the last 5 years)
- FBI** Background Check
Ohio Background Check

I understand all of the above information and agree to conditional employment as described above.

Employee Signature

Date

Agency Representative

Date