

Employment Application

Employer:	Dates Employed (Month/Year)	Summarize nature of work performed and job responsibilities:
	From:	
Telephone:	To:	
Address:		
Job Title:		
Immediate Supervisor and Title:		Hourly Rate/Salary start: \$ _____ Per _____
Reason for leaving:		Hourly Rate/Salary final: \$ _____ Per _____
May we contact for reference/verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		

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Comments and other skills, licenses/certifications and qualifications: _____

REFERENCES:

Please see the attached Reference Release forms.

List name and telephone number of three (3) **professional** references that are not related to you. If not applicable, list school or personal references that are not related to you whom have knowledge of your work ethic, experience and abilities. Please use one Reference Release form for each reference. **By signing below, I am giving my consent for the company to contact my designated references and my current and former places of employment.**

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of the agency other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

Signature of Applicant _____

Date _____/_____/_____

Name: _____

Address: _____

Phone: _____

Work Availability Agreement

Please complete the following schedule and provide times that you can work for this agency. We provide care 24 hrs a day, 7 days/week. How you complete this form is very important. The work hours that are provided for you by this agency are driven by two primary business issues; the needs of the clients and your availability to work. If hired, you will be given a schedule based on your answers on this availability form.

Please be aware, all field staff employees are required to work weekends with three (3) different options. Please check the option that best meets your needs:

1. Every other **FULL** weekend 2. Every Saturday **OR** 3. Every Sunday

Please indicate the hours/shift times you are available to work.

If you can't work on a particular day, please indicate with the number zero (0):

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Please check the options that apply to you:

Male or Female

- | | | |
|--|-----|---------------------------------|
| Are you willing to work temporary fill-in hours? | Yes | No |
| Are you willing to work with clients who smoke? | Yes | No |
| Are you willing to work with clients who have cats/dogs? | Yes | No If no, please specify: _____ |
| Do you currently work for another agency? | Yes | No |

(complete the back of the form)

Do you believe you are coming with a client/case? Yes No

If yes, please provide the client's name:

If yes, are you willing to work for other clients with this agency?

Yes No

Please check the areas of the city and surrounding areas that you are willing to work in:

Marion County - North South East West

Surrounding Areas:

Greenfield	Camby
Fortville	Brownsburg
Greenwood	Avon
Franklin	Noblesville
Shelbyville	Carmel

MARK CIRCLE BY EACH STATEMENT TO ACKNOWLEDGE UNDERSTANDING:

I understand I am committing to work every other FULL weekend, every Saturday, or every Sunday and I will include my availability above as to the days and hours I can work.

I understand after I agree to work a case, a two-week notice is required to be removed from the case.

I understand I am agreeing to work a minimum of 20 hours per week.

I understand that I will be given a work scheduled based on this agreement.

This sheet designates the times I am committing myself to be available to work for this agency. By signing this sheet, I acknowledge the decision to hire me will be based in part on the availability above. I agree any changes to my availability must be approved and signed by my supervisor. I understand that there is no guarantee of hours if I am offered a position with this agency. I understand that it can take time to reach and sustain my desired number of hours per week and that multiple factors affect this goal including my availability, client requests, my skills, and my ability to please the clients to who I am assigned. Nothing in this statement is to be constructed as a direct, implied, or inferred contract of employment.

Signature of Applicant: _____ Date: _____

JOB OFFER

It is our practice to drug test Home Health Aide applicants after offering a position. The applicant must come into the agency within 24 hours of the job offer to take the drug test. If the test comes back positive, and the applicant does not have a valid prescription for the drug(s), the job offer will be withdrawn. We test for the following drugs:

1. Amphetamines
2. Cocaine
3. Marijuana
4. Opiates
5. PCP

Please sign below acknowledging receipt of this notice.

Signature: _____

PROFESSIONAL Reference Check Form

APPLICANT – FILL OUT TOP PORTION ONLY

(ABSOLUTELY NO FAMILY/FRIENDS)

Candidate Name: _____ Application Date: _____

Reference Name: _____ Title: _____

Relationship: _____ Years Known: _____

Contact Information: Phone: _____ E-Mail: _____

Address: _____

I give my express permission to contact the reference named above and release all parties from any liability from providing any reference.

X _____ Date: _____

THIS PORTION FOR HR ONLY

Date of contact: _____ Name of Contact: _____

Contacted via: Phone / Mail / email (circle one)

What capacity do you know this person? _____

Company Name: _____

Dates of employment: _____ to _____

Position(s) held: _____

Is this person eligible for rehire? YES NO

Is there anything else that you would like to say about this person?

Person taking reference: _____

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