



EMPLOYMENT APPLICATION
An Equal Opportunity Employer

DATE _____

Personal Data

Full Name _____
Last First Middle

Preferred Name/ Nickname _____

Address _____
Physical Mailing

City State Zip

Contact Number(s) _____
Home Mobile

E-Mail Address _____

Social Security Number _____

Employment Desired

Position applying for RN LPN CNA PT OT

Other Please Specify _____

Desired Start Date _____

Salary Desired _____

Are you seeking full time or part time _____

What days and hours are you available to work? Please be specific

Have you ever worked for Premier Home Health & Hospice or any of its affiliated before? _____
If yes please provide place and dates of employment _____

Is anyone related to you currently employed by Premier Home Health & Hospice or any of its affiliates _____

If yes please provide name of relative, place of employment _____

Are you at least 18 years of age? _____

If hired, can you present evidence of your U.S. citizenship or your legal right to live and work in this Country?

Have you ever been convicted of any violation of the law? _____

Have you ever been convicted of a misdemeanor or felony? _____

Are there any pending charges against you? _____

If you answered yes to any of the 3 questions above please provide the details including date, location, nature of offense and disposition _____

A conviction will not necessarily prevent you from being hired. However, failure to disclose such information will prevent you from being considered for employment.

Education

High School _____
Name and Location

Diploma or GED obtained and year obtained _____

Colleges/Universities/Trade Schools

| Name and location | Dates Attended | Field of Study | Degree |
|-------------------|----------------|----------------|--------|
| | | | |
| | | | |
| | | | |

Additional job-related courses, seminars, or other education experiences _____

Please list any job-related clubs, professional societies, or other associations to which you belong

Are you fluent in any other language besides English? _____
If yes, please list all languages you are fluent in _____

Are you able and/or willing to perform these home care tasks/duties? (If Applicable)

- | | | | |
|-----------------------------|-------|----------------------|-------|
| Ambulation | Y / N | Meal Preparation | Y / N |
| Bathing | Y / N | Medication Reminders | Y / N |
| Body Care | Y / N | Personal Hygiene | Y / N |
| Dressing | Y / N | Positioning | Y / N |
| Eating (Assist. w/eating) | Y / N | Shopping/Errands | Y / N |
| Grooming | Y / N | Supervision | Y / N |
| Housework | Y / N | Toileting | Y / N |
| Laundry | Y / N | Transferring | Y / N |
| Meal Planning/Diets | Y / N | Telephone Assistance | Y / N |
| Diaper Changes | Y / N | Companionship | Y / N |
| Can you lift at least 50lbs | Y / N | Perineal Care | Y / N |

Please list any skills, training, or experience that you may have that will help you perform in this line of work

Professional Licenses

| Type of License Held | License Number | State License Held | Expiration Date |
|----------------------|----------------|--------------------|-----------------|
| | | | |
| | | | |
| | | | |

Have any of your licenses or professional certifications ever been under Board Review, Restrictions, or Revoked? _____

If yes please explain _____

Please list accurate, complete employment records **Even if you are attaching a resume**. Start with current or most recent employer. Be sure to include any relevant employment experience. Attach additional sheets if necessary.

| | | |
|--|------------|--------------------|
| Employer | | Work Performed |
| Address | | |
| City/State/Zip | | |
| Telephone/Fax Number | | |
| Job Title | Supervisor | Reason for Leaving |
| Dates Employed From To | | Hourly Rate/Salary |

Explain any time between jobs _____

| | |
|----------------|----------------|
| Employer | Work Performed |
| Address | |
| City/State/Zip | |

| | | |
|--|------------|--------------------|
| Telephone/Fax Number | | |
| Job Title | Supervisor | Reason for Leaving |
| Dates Employed From To | | Hourly Rate/Salary |

Explain any time between jobs _____

| | | |
|--|------------|--------------------|
| Employer | | Work Performed |
| Address | | |
| City/State/Zip | | |
| Telephone/Fax Number | | |
| Job Title | Supervisor | Reason for Leaving |
| Dates Employed From To | | Hourly Rate/Salary |

Explain any time between jobs _____

References

All applicants must provide a minimum of four (4) references. At least two (2) must be professional references - this includes: former/current supervisor, co-workers, and teachers. Two (2) of the references provided can be a personal reference. Please note - persons listed cannot be relatives (includes in-laws).

| | |
|----------------|------------------|
| Name | Title |
| Contact Number | Fax Number |
| Relationship | E-Mail |
| Company | Complete Address |
| Name | Title |
| Contact Number | Fax Number |
| Relationship | E-Mail |
| Company | Complete Address |
| Name | Title |
| Contact Number | Fax Number |
| Relationship | E-Mail |
| Company | Complete Address |
| Name | Title |
| Contact Number | Fax Number |
| Relationship | E-Mail |
| Company | Complete Address |

Disclosure Notice

In connection with your application/resume for employment for Premier Home Health & Hospice, information may be obtained about you from a consumer report agency. A consumer report and/or an investigative full background check may be requested on you including information about your character, general reputation, personal characteristics and mode of living, employment records, education, qualifications, criminal records, driving records, and/or credit indebtedness, and may involve personal interviews with sources such as supervisors, friends, neighbors, associates, public record or law enforcement agencies. **A consumer report and/or an investigative full background check may be obtained at any time during the application process and if hired, during your continued employment.** A consumer report containing injury and illness records and medical information may be obtained, if required, after a tentative offer of employment has been made. You have the right, upon written request made and after the receipt of this notice, to request a disclosure of the nature and scope of the investigative report.

Before any adverse action is taken, based in whole or in part of the information contained in the consumer report, you will be provided with a copy of the report, the name, address and telephone number of the reporting agency, a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

Agreement and Signature

Read Carefully BEFORE signing

I certify that the statements and information furnished by me in this application/resume are true and correct. I understand that omitted, false or misstated statements on this application/resume are grounds for refusal to hire, or dismissal, at any time Premier Home Health & Hospice or its affiliates become aware of the omitted, false or misstated information. In consideration of my employment, I agree to conform to the rules, policies and regulations of Premier Home Health & Hospice. I understand that failure to abide by this employment requirement will result in disciplinary action or termination of employment. I acknowledge that my employment can be terminated with or without cause, and with or without notice at any time, at the option of either Premier Home Health & Hospice or myself. I further understand that nothing contained in the application, or conveyed during any interview if granted or during my employment, if hired, is intended to create an employment contract between me and Premier Home Health & Hospice. Furthermore, that no policy, benefit, or procedure contained in any employee handbook creates an employment contract for any period of time. In addition, no term or conditions of employment contrary to the foregoing should be relied upon, except for those made in writing by the CEO of the company. I further acknowledge that Premier Home Health & Hospice reserves the right to change the terms and conditions of employment, including the employees job duties, working hours, and employment policies at any time.

I agree and hereby authorize Premier Home Health & Hospice or its affiliates to conduct an investigation of all statements contained in this application, and any form completed by me for employment as may be necessary in arriving at an employment decision. I authorize all previous employers or other persons who have knowledge of my records, to release such information to Premier Home Health & Hospice, its affiliates, their agents, or me.

My signature certifies that I have read and agree with the above statements.

Signature of Applicant

Date

Thank you for completing this application and for your interest in Premier Home Care