

ELITE HOME HEALTH SERVICES
APPLICATION PACKAGE

Date: _____ Applicant Name: _____

Position Applied For: _____ Full-time Part-time

Are you available to work on weekends? Yes No

How did you hear about the job opening? _____

List any special skills that you have: _____

List all languages spoken: _____

List all languages written: _____

Items that are required at time of Interview:

1. Copy of professional License
2. Proof of auto insurance
3. Fingerprint card
4. CPR card
5. Resume
6. Copy of diploma and/or transcript

Items that are required at time of Offer:

7. Driver's License
8. Proof of eligibility to work, i.e. Social Security Card
9. TB or Chest X-Ray

Items to be conducting after Offer is Accepted:

10. Background check
11. Drug Screening
12. Two references

Elite Home Health Services, LLC

APPLICATION FOR EMPLOYEMENT

All portions of this application must be completed. This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Name: _____

Last
First
Middle Initial
Maiden Name (If applicable)

Address: _____

Street Address
City
State
Zip

Telephone: _____

Home Phone
Business Phone
Cell Phone

Social Security Number: _____ - _____ - _____ Email address: _____

Position Applying For: _____

Applying for Full Time Yes No Days/hours available to work? _____

Salary Expected: _____ Date available to start work: _____

EDUCATION:

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBERS OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

EMPLOYMENT:

Do not indicate "See Resume." List your most recent employment first and account for all experience within the last ten (10) years. Attach a separate sheet for continuation, if necessary.

Company Name:	Telephone:
Address:	Dates of Employment (Month and Year) From: _____ To: _____
Name of Supervisor:	Wage Start: _____ Ending Wage: _____
State Job Title and Describe Your Duties: _____	Reason For Leaving: _____

Company Name:	Telephone:
Address:	Dates of Employment (Month and Year) From: _____ To: _____
Name of Supervisor:	Wage Start: _____ Ending Wage: _____
State Job Title and Describe Your Duties: _____	Reason For Leaving: _____

Company Name:	Telephone:
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State Job Title and Describe Your Duties: _____	Reason For Leaving: _____

MILITARY:

Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you now a member of the National Guard? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____	
Date Entered: _____	Discharge Date: _____

ADDITIONAL:

Professional Certifications/licenses/registrations (including expiration dates, etc.):

List any foreign languages you speak and check your level of familiarity:

_____ Speak some Speak Fluently Read Write
_____ Speak some Speak Fluently Read Write

Ever been convicted of a crime? Yes No

If yes, explain. Conviction of a crime will not necessarily be a bar to employment, depending on if it is job related.

PROFESSIONAL REFERENCES:

Name	Address	Phone Number	Occupation	How Long Known
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT WAIVER AND SIGNATURE:

In exchange for consideration of my job application by Elite Home Health Services (hereinafter called "the company"). I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Elite Home Health Services, or otherwise to change in any respect the employment-at-will relationship between if and the undersigned, and that the relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Elite Home Health Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedure and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

Signature of applicant _____ Date: _____

Thank you for completing this application form and for your interest in our business.

Pre-Employment Inquiry Release

In connection with, and duration of my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving, and other reports. This information will, in whole or part, be obtained from Acxiom Information Security Services (AISS), 6111 Oak Tree Blvd, 4th Floor, Independence OH 44131, telephone 800.853.3223 fax 877.725.7418. These reports will include information as to my general reputation, character, mode of living, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state, and other agencies which maintain public and non-public records concerning my past activities relating to my driving, credit, civil, and other experiences.

I authorize, without reservation, any party or agency contracted by this employer to furnish the above mentioned information:

Applicant Name

Date of Birth*

Social Security Number

Current Address

City & State

Zip

Drivers License #

Prospective Employer

Applicant's Signature

Date: _____

*Date of Birth is being requested in order to obtain accurate retrieval of records.