

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Full Name: _____

Social Security No. _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____

Type: ___ Home ___ Cell ___ Work ___ Other

Alternate Phone #: _____

Type: ___ Home ___ Cell ___ Work ___ Other

Check Answer (Yes or No)

Email Address: _____

- Are you 18 years of age or over? ___ Yes ___ No
- Are you a U.S. citizen? ___ Yes ___ No
- Have you ever served in the Armed Forces? ___ Yes ___ No
- Do you have a valid operator's (driver's) license? ___ Yes ___ No
 - o If yes, license number and state _____
- Do you have valid automobile insurance? ___ Yes ___ No
- Have you had a Fingerprint/Background (BCI/FBI) check performed in the last year?
___ Yes ___ No
- Have you been charged/convicted of a felony or misdemeanor crime within the last 7 years?
___ Yes ___ No

(This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.) A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone.

If yes, state the basis for each conviction and the date of the conviction:

- Are you legally authorized to work in the USA? ___ Yes ___ No
(If you became an employee of The Gentle Hands Care Agency, LLC, you will be required to provide documentation proving your eligibility to work in the USA)
- Are you able to perform the tasks according to the job description without accommodation?
___ Yes ___ No
- If an accommodation is needed, how would perform the task and with what accommodation? _____

The Gentle Hands Care Agency, LLC

Employment Application

By typing your name in the signature box (or using the sign feature in adobe) you are certifying that this is your signature and you attest that all the information in this application is true and accurate.

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Type: Home Cell Work Other

Alternate Phone #: _____ Type: Home Cell Work Other

QUALIFICATIONS

EDUCATION	SCHOOL NAME & LOCATION	GRADUATION DATE	COURSE/MAJOR
High School			
College			
Other			

Frist Aid Expiration Date: _____

CPR Expiration Date: _____

Home Health Aide Certificate Date Received: _____

Licensed Practical Nurse License # _____ and Expiration Date: _____

Registered Nurse License # _____ and Expiration Date: _____

APPLICATION FOR EMPLOYMENT cont'd

JOB INFORMATION

Position: _____ Date of Availability: _____ Salary desired: _____

Type of Employment Desired: Part-Time Full Time

RELEVANT EMPLOYMENT HISTORY (disregard if resume is attached)

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____

Reason for Leaving: _____

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Starting Salary: _____ Ending Salary: _____ Reason for Leaving: _____

The Gentle Hands Care Agency, LLC

Employment Application

By typing your name in the signature box (or using the sign feature in adobe) you are certifying that this is your signature and you attest that all the information in this application is true and accurate.

APPLICATION FOR EMPLOYMENT cont'd

May we contact the employers listed above? Yes No

If not, indicate which one(s) you do not wish us to contact.

THREE (3) PERSONAL REFERENCES NAME, PHONE NUMBER AND EMAIL ADDRESS:

(1) _____

(2) _____

(3) _____

THREE (3) PROFESSIONAL REFERENCES NAME, PHONE NUMBER AND EMAIL ADDRESS:

(1) _____

(2) _____

(3) _____

REFERENCE CHECK (1)

APPLICANT'S INFORMATION
APPLICANT'S NAME
PREVIOUS EMPLOYER
ADDRESS OF FORMER EMPLOYER
TELEPHONE OF FORMER EMPLOYER

I GIVE **TGHCA** MY PERMISSION TO OBTAIN A WORK RELATED REFERENCE FROM THE ABOVE MENTIONED FORMER EMPLOYER AND TO USE MY SOCIAL SECURITY NUMBER IF NEEDED.

SOCIAL SECURITY NUMBER _____ APPLICANT'S SIGNATURE _____

OFFICE USE ONLY EMPLOYEE INFORMATION (APPLICANT DO NOT WRITE IN THESE SPACES)

START DATE: __ / __ / __	POSITION AND DUTIES:		
END DATE: __ / __ / __			
REASON FOR LEAVING OR TERMINATION:			
WOULD YOU REHIRE? YES -- NO --	IF ANSWER IS NO. REASON WHY.		
QUALITY OF WORK:	GOOD	FAIR	POOR
WORKS WELL WITH OTHERS:	GOOD	FAIR	POOR
JOB KNOWLEDGE/SKILLS:	GOOD	FAIR	POOR
ATTENDANCE/DEPENDABILITY:	GOOD	FAIR	POOR
HOW VERIFIED: -PHONE -MAIL -FAX	TITLE	DATE	
NAME OF REP. COLLECTING INFORMATION:	TITLE	DATE	

REFERENCE CHECK (2)

APPLICANT'S INFORMATION	
APPLICANT'S NAME	
PREVIOUS EMPLOYER	
ADDRESS OF FORMER EMPLOYER	
TELEPHONE OF FORMER EMPLOYER	

I GIVE **TGHCA** MY PERMISSION TO OBTAIN A WORK RELATED REFERENCE FROM THE ABOVE MENTIONED FORMER EMPLOYER AND TO USE MY SOCIAL SECURITY NUMBER IF NEEDED.

SOCIAL SECURITY NUMBER _____ APPLICANT'S SIGNATURE _____

OFFICE USE ONLY EMPLOYEE INFORMATION (APPLICANT DO NOT WRITE IN THESE SPACES)

START DATE: __ / __ / __	POSITION AND DUTIES:		
END DATE: __ / __ / __			
REASON FOR LEAVING OR TERMINATION:			
WOULD YOU REHIRE? YES - NO -	IF ANSWER IS NO. REASON WHY.		
QUALITY OF WORK:	GOOD _____	FAIR _____	POOR _____
WORKS WELL WITH OTHERS:	GOOD _____	FAIR _____	POOR _____
JOB KNOWLEDGE/SKILLS:	GOOD _____	FAIR _____	POOR _____
ATTENDANCE/DEPENDABILITY:	GOOD _____	FAIR _____	POOR _____
HOW VERIFIED: -PHONE -MAIL -FAX	TITLE	DATE	
NAME OF REP. COLLECTING INFORMATION:	TITLE	DATE	

REFERENCE CHECK (3)

APPLICANT'S INFORMATION
APPLICANT'S NAME
PREVIOUS EMPLOYER
ADDRESS OF FORMER EMPLOYER
TELEPHONE OF FORMER EMPLOYER

I GIVE **TGHCA** MY PERMISSION TO OBTAIN A WORK RELATED REFERENCE FROM THE ABOVE MENTIONED FORMER EMPLOYER AND TO USE MY SOCIAL SECURITY NUMBER IF NEEDED.

SOCIAL SECURITY NUMBER _____ APPLICANT'S SIGNATURE _____

OFFICE USE ONLY EMPLOYEE INFORMATION (APPLICANT DO NOT WRITE IN THESE SPACES)

START DATE: __ / __ / __	POSITION AND DUTIES:		
END DATE: __ / __ / __			
REASON FOR LEAVING OR TERMINATION:			
WOULD YOU REHIRE? YES - NO -	IF ANSWER IS NO. REASON WHY.		
QUALITY OF WORK:	GOOD	FAIR	POOR
WORKS WELL WITH OTHERS:	GOOD	FAIR	POOR
JOB KNOWLEDGE/SKILLS:	GOOD	FAIR	POOR
ATTENDANCE/DEPENDABILITY:	GOOD	FAIR	POOR
HOW VERIFIED: -PHONE -MAIL -FAX	TITLE	DATE	
NAME OF REP. COLLECTING INFORMATION:	TITLE	DATE	

STATEMENT OF AUTHORIZATION

I authorize The Gentle Hands Care Agency to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

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 also understand that if accepted by The Gentle Hands Care Agency, my employment is voluntarily entered into and I am free to resign at any time. Similarly, The Gentle Hands Care Agency is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

Applicant's Signature

Date

The Gentle Hands Care Agency, LLC

Employment Application

By typing your name in the signature box (or using the sign feature in adobe) you are certifying that this is your signature and you attest that all the information in this application is true and accurate.

Applicant Acknowledgement

(NOTE: Application will not be considered complete without the applicant's signature)

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if The Gentle Hands Care Agency, LLC learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, how recent the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at The Gentle Hands Care Agency, LLC.

I authorize The Gentle Hands Care Agency, LLC to investigate my employment history, credentials, license verification and to obtain any relevant information, including a criminal background check needed to make an employment decision. I authorize The Gentle Hands Care Agency, LLC to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes.

I also authorize The Gentle Hands Care Agency, LLC to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release The Gentle Hands Care Agency, LLC and any individual or entity providing information to The Gentle Hands Care Agency, LLC from all liability for any damage from the disclosure of this information. I also understand and agree that passing a medical examination (which is my responsibility) and/or medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hire of if hired, I may be terminated.

I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as testing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment contract between The Gentle Hands Care Agency, LLC and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that The Gentle Hands Care Agency, LLC retains the same right to terminate my employment at any time.

I understand that should I become employed by The Gentle Hands Care Agency, LLC, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of The Gentle Hands Care Agency, LLC. I understand that The Gentle Hands Care Agency, LLC is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, I may be subjected to a drug test prior being hired to assure The Gentle Hands Care Agency, LLC I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, The Gentle Hands Care Agency, LLC will not hire me.

I understand that The Gentle Hands Care Agency, LLC reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in The Gentle Hands Care Agency, LLC has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of The Gentle Hands Care Agency, LLC.

Applicant's Signature _____ Date: _____

THE GENTLE HANDS CARE AGENCY, LLC

EMPLOYMENT APPLICATION

By typing your name in the signature box (or using the sign feature in adobe) you are certifying that this is your signature and you attest that all the information in this application is true and accurate.

INFORMATION ON APPLICATIONS FOR EMPLOYMENT

The Gentle Hands Care Agency, LLC selects qualified staff members without regard to gender, race, age, creed, handicap or national origin.

It is the policy of The Gentle Hands Care Agency, LLC. to provide all qualified individuals with the opportunity to seek employment with this organization. Applications for employment are available from the Human Resources Department. No individual will be considered for employment without first submitting a completed Application for Employment.

Although it is HHA policy to accept these Applications for Employment, there may be those times when no employment opportunities exist. In this case, The Gentle Hands Care Agency, LLC. reserves the right not to accept the applications until position vacancies occur, but does encourage the interested party to return at another time to complete the form.

Completed Applications for Employment will be maintained in Human Resources and are considered to be the sole property of The Gentle Hands Care Agency, LLC. and its authorized agents. Applications for Employment are considered to be "active" for a period of 30 days, during which time the document may be sent to one (1) or more interviewers. After this period, the application is filed according to the area of employment desired, and kept in storage areas for a period of one (1) year.

Qualified individuals currently employed by The Gentle Hands Care Agency, LLC. may apply for position openings within the HHA by completing an Application for Employment.

I HAVE READ AND UNDERSTAND THE POLICY ON THE APPLICATION FOR EMPLOYMENT PROCESS.

Applicant Signature

Date

THE GENTLE HANDS CARE AGENCY, LLC

EMPLOYMENT APPLICATION

By typing your name in the signature box (or using the sign feature in adobe) you are certifying that this is your signature and you attest that all the information in this application is true and accurate.

THE GENTLE HANDS CARE AGENCY, LLC
BCI/FBI FINGERPRINTS ACKNOWLEDGEMENT

The Gentle Hands Care Agency, LLC will not employ and applicant until the outcome of a criminal background check is received. If the applicant does not qualify for employment, the agency will not offer employment to that applicant.

The Applicant must present proof of residence for the State of Ohio for the past (5) five years.

If the Applicant has not resided in the State of Ohio for the past (5) years, the applicant must obtain a BCI and FBI criminal background check.

In any event, The Gentle Hands Care Agency, LLC must inform you at the time of you initial application for employment that BCI/FBI check is required before employment consideration.

I understand that I am responsible for obtaining my own initial BCI/FBI check in order to be considered for employment with The Gentle Hands Care Agency, LLC. I also understand my employer will reimburse me for yearly BCI/FBI checks as long as I have been with the company for one (1) year or longer.

Applicant Name: _____

Date: _____

The Gentle Hands Care Agency, LLC Drug Testing Acknowledgement

The Agency recognizes its responsibility to protect its' employees and clients from the dangers posed by the use of illegal drugs, misuse of controlled substances, and the effects of alcohol use in the office or in the home setting. Employees who illegally use drugs, misuse drugs or use alcohol on the job create a serious risk to the safety, security and health of themselves, other employees and clients

Here at the Gentle Hands Care Agency, LLC all potential employees must undergo drug testing in order to be offered a position of any time at this agency. Drug testing will be done at the office of The Gentle Hands Care Agency, LLC and if a positive result comes back from drug testing, the potential employee will have 15 days to retake the test and pay \$25 dollars to re-administer the test. If a second positive result is given, the potential employee will not be eligible for employment with The Gentle Hands Care Agency, LLC.

In compliance with state and federal law, the Agency forbids any illegal or improper use of drugs and/or alcohol by its employees while on duty. (On duty includes rest periods, meal breaks, and on-call hours).

The Agency forbids selling, dispensing, distributing, possessing or manufacturing drugs, drug paraphernalia, alcohol, or controlled substances during work hours or during any work-related activities.

Any employee who is found to have violated this policy will be disciplined or terminated.

An exception to this policy covers any employee who, under the direction of a physician, is taking prescribed medication while at work, while using agency equipment, while conducting agency business, or while on breaks. In this circumstance, it is the responsibility of the employee to report the use of the prescribed medication that might affect job performance before job performance is actually impaired.

Method By Which Drug Testing Is Conducted: The method(s) for drug testing will be by urine.

By signing this form, I _____ (employee name)

Acknowledge that I have read and understand the above statements this day _____, 201_.

Employee name (printed)

Employee Signature

Agency Representative (printed name)

Agency Representative Signature

The Gentle Hands Care Agency, LLC

Release of Information

To whom it may concern:

I _____ (employee name) hereby certify that I have given The Gentle Hands Care Agency, LLC permission to obtain a copy of any arrest or conviction record pertaining to me now and in the files of the Ohio Bureau of Criminal identification and investigation, London Ohio.

I _____ (employee name) hereby release the Ohio Bureau of Criminal identification and investigation and all individuals connected therewith from all liability in connection with the dissemination of such arrest and conviction data.

Applicant Name (Printed) _____

Applicant Signature _____

Date: _____

Witnessed by Agency Representative (Printed Name) _____

Signature of Agency Representative _____

When submitting your application, please also send the following documentation in the email:

- 2 forms of identification (State Issued Id card or Drivers License and Social Security Card)
- Proof of Auto Insurance (ID cards or Declaration Page)
- Proof of First Aid/CPR certification
- Professional License or College Degree (if applicable)
- High-school Diploma