

Application for Employment

Please specify which agency this is for:

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

Status Seeking: Full Time Part Time PRN

Position Applying For:	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number:	Home Phone:	Work Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, what is your current job title & department?	
May we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever ben convicted of abuse, neglect, theft, or mistreatment of an individual?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:	
On what date would you be able to work:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	
Would you be willing to submit to drug screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you related to any current employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this opening?			
<input type="checkbox"/> Job Bulletin (Posting)	<input type="checkbox"/> Dept. of Labor	<input type="checkbox"/> Ad in <i>magazine</i>	
<input type="checkbox"/> Referral by employee	<input type="checkbox"/> Ad in <i>newspaper</i>	<input type="checkbox"/> Other:	

CERTIFIED NURSING AIDE/HOME HEALTH AIDE APPLICANTS ONLY

Are you certified as a home health aide in the state of Indiana?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you certified as a nurse aide in another state?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have experience in a hospital/ nursing home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:
For certified Aides, what facility did you take the 105 hr nurse's aide class?		Location:
Are you a student nurse and completed your fundamentals of nursing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
GED:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying.						

SKILLS: Please list technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

References (personal)

NAME	ADDRESS	TELEPHONE#	YEARS KNOWN

WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

*****PLEASE NOTE:**

Community Home Health Care reserves the right to contact all current and former employers for reference information.

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk:	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:
Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Dates Employed (most recent position) From: To	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time If part-time, # hrs./wk: <input type="checkbox"/>	Title:
Starting Salary:	Organization Name and Address:	
Final Salary:		
Supervisor's Name, Title and Phone #:	Other Reference Name, Title and Phone #:	Contact my current references: <input type="checkbox"/> At any time <input type="checkbox"/> Only if I am a finalist candidate
Primary duties:		Reason for Leaving:

Home Care Services of Northwest Indiana is an Equal Opportunity employer. Employment offers are made on the basis of qualifications for a position with Community without regard to race, sex, religion, national or ethnic origin, disability, age, or sexual orientation.

Community pursuant to state and federal law may condition offers of employment on the basis that the applicant is free from communicable diseases, has satisfactorily completed a physical exam if needed to establish the ability to perform the essential functions of the job with or without reasonable, verification of current licensure and/or certification, proof of eligibility to work in the United States, clearance of limited criminal history, and completion of two (2) satisfactory references. In all cases, Community is an at will employer and employment with Community may be terminated by either party at any time with or without cause.

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THE CONDITIONS STATED HEREIN:

I certify that the information on this application and any supporting documents submitted in this application are true, accurate and complete. I understand that any failure to fully complete this application or any misrepresentation or omission of facts herein represents grounds for disqualification for any consideration of my employment with Community or termination of employment if such failure or omission is discovered after employment initiates. I authorize Community to investigate, without liability, all answers and/or statements and supporting materials I have provided with this application. I authorize persons identified as references and former employers, without liability, to respond to any inquiries made by Community in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation and/or screening for illegal drug or substance use upon a conditional offer of employment and as may be required by state or federal law. If employed, I understand that employment in health care may require a security/criminal background screening and I agree to provide all necessary information for such screening as well as, as required by law, proof of eligibility to work in the United States. I understand that this application and all materials submitted with it do not constitute and may not be implied to be an offer of employment or any promise as such. I understand and agree that any employment with Community will be at-will, terminable at any time for any reason other than illegal discrimination or as prohibited by law. I understand and agree that the terms of my employment and any employment-based benefits will be governed at all times by Community's policies and procedures which will be provided upon hiring and in accord with applicable law.

Applicant Signature: _____

Date: _____