

Heart to Heart Home Health Care

200 West Smokerise Drive

Wadsworth, OH 44281

330-335-9999

Fax: 330-335-2360

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. We consider qualified persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. It is also the policy of Heart to Heart to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful completion of medical examination, which may include providing body substance samples. This application will remain active for 180 days.

DATE:

PERSONAL INFORMATION

Last Name	First	Middle Initial	Social Security Number
Home Phone	Cell Phone	Work Phone	
Current Address: Street	City	State	ZIP
Permanent Address: Street	City	State	ZIP

EDUCATION

High School Attended	City, State	Did you earn a Diploma?	
Undergraduate College Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Graduate School Attended	City, State	Areas of Study	Degree/Certificate/Diploma
Trade, Business or Other School	City, State	Areas of Study	Degree/Certificate/Diploma

BASIC INFORMATION

Please answer the following questions.

1. Are you a United States Citizen? Yes No
 If NO, are you lawfully authorized to work in the United States? Yes No

2. Have you been convicted of a crime? Yes No
 If YES, please explain: _____

3. How did you learn about us?
 Advertisement Newspaper Friend Walk-in Other: _____
 Employment Agency Relative Employee Website

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EMPLOYMENT INFORMATION		
Position Applied For:	Date You Can Start Work:	Desired Salary:
Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN Can You Work: <input type="checkbox"/> Weekdays <input type="checkbox"/> Weekends <input type="checkbox"/> Days <input type="checkbox"/> Nights		
Have you ever applied to this company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	When?	Referred by:
Why do you want to work for Heart to Heart Home Health Care? _____		
EMPLOYMENT HISTORY		
MAY WE CONTACT YOUR PRESENT AND/OR PAST EMPLOYER/SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Please list below your last three employers, beginning with the most recent.		
Most Recent Employer		
City, State, ZIP		Phone Number
Position Held	Dates From/To	Duties
Reason For Leaving	Pay Rate Upon Leaving	Supervisor
Next Most Recent Employer		
City, State, ZIP		Phone Number
Position Held	Dates From/To	Duties
Reason For Leaving	Pay Rate Upon Leaving	Supervisor
Next Most Recent Employer		
City, State, ZIP		Phone Number
Position Held	Dates From/To	Duties
Reason For Leaving	Pay Rate Upon Leaving	Supervisor
U.S. Military or Naval Service		
		Rank

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Subjects of special study/research work or special training/skills:

JOB SKILLS

Please answer the following questions if the position you are applying for requires driving a motor vehicle.

1. Do you have a valid driver's license? Yes No

If YES, Driver's License Number: _____ Date of Issue: _____

2. Have you been convicted of or pled guilty to any traffic-related offense? Yes No

3. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? Yes No

4. Please list all states from which you hold or have held a driver's license:

REFERENCES

Please list three (3) business/professional references that are not related to you.

Name	Business/Title	Phone Number	Years Known

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any person or employers supplying such information, and I also release Heart to Heart from all liability that might result from making the investigations.

2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

3. I agree, if I am offered and accept a position, to conform to all existing and future rules and regulations of Heart to Heart and I understand that Heart to Heart reserves the right to change wages, hours and working conditions as deemed necessary. I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date