

EMPLOYMENT APPLICATION

Position Sought: Date of Application:

Status & Hours Sought: Full Time Part Time PRN Desired Number of Hours Per Week Sought: to

Weekly Availability: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If hired, date available to start:

Applicant Personal Information

Applicant's Name:
 Street Address:
 Mobile Phone:
 E-mail:

Professional Licenses

- Nursing License
- Occupational Therapy License
- Physical Therapy License
- Social Worker License
- Speech Therapy License
- STNA Certification

Eligibility

Do you have a valid Driver's License?
 Yes No

Do you have reliable transportation?
 Yes No

Are you over the age of 18?
 Yes No

Are you eligible to work in the United States?
 Yes No

Have you ever been convicted of a misdemeanor or felony by a court of law? Yes No

If yes, give details below. Employability will depend on the nature of the offense, the date of the offense, the job sought and the conduct of the applicant since the date of the offense. Attach additional pages if necessary. See OAC 3701-60-06 [<http://codes.ohio.gov/oac/3701-60-06>]

Date	City & State	Offense	Penalty or Disposition

Education

Check highest grade completed

1 2 3 4 5 6 7 8 9 10 11 12 Associates Bachelors Masters Doctorate

High School	Location	Did you graduate high school?	Did you receive a GED?
College or University Attended	Attendance Dates	Major	Degree Received

Experience

Experience. List your present or most recent employment first. Carefully account for all your most recent employment (past 10 years). By providing complete information, you will improve your chances for employment. You may attach a copy of your resume to this application.

May we contact your present employer? Yes No If no, explain:

1

From: To: Title/Position:

Name of Employer: Supervisor:

Street Address: Phone Number

City: State:

Reason for leaving:

Job Responsibilities:

2

From: To: Title/Position:

Name of Employer: Supervisor:

Street Address: Phone Number

City: State:

Reason for leaving:

Job Responsibilities:

3

From: To: Title/Position:

Name of Employer: Supervisor:

Street Address: Phone Number

City: State:

Reason for leaving:

Job Responsibilities:

Experience

Please provide at least three professional references from individuals who have

Name and Title	Relationship to Reference	Contact info

By submitting this form to Advantage Home Health Services, Inc. ("Advantage" or "Agency") you agree with and certify the following:

I certify that I have not purposefully withheld information that might adversely affect my chances of hiring. I attest to the fact that the answers given by me are true and correct to the best of my knowledge. I understand that any omissions (including any misstatement) of material fact on this application or on any document used to secure employment can be grounds for rejection of the application, or, if I am employed by the Agency, grounds for immediate expulsion from the Agency.

I understand that if I am employed, my employment is at-will and can be terminated at any time, with or without cause, and with or without prior notice, by either the Agency or Employee.

I permit the Agency to examine my references, record of employment, education record, and any information I have provided. In addition, I release the Agency, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of, or in any related to such examination or revelation.

Advantage is an equal employment opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Applicants requiring reasonable accommodations in the application and/or interview process should notify a representative of the Agency.

Type Applicant Name:

Date