

SOUTHEASTERN OHIO HOME HEALTH & STAFFING SOLUTIONS, INC.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date

Name Social Security Number

Home Address Number Street City State Zip Code

Home Telephone Number Alternate Number During Work Hours

Referred By:

Position Category: HHC Admin Salary Desired

Shift Desired Days Evenings Weekends Available
(Check All That Apply)

Are you employed now? Yes No If Yes, may we contact your present employer? Yes No

Education Completed

	Name & Location of School	Year of Graduation	Degree/Certification
High School or GED			
College			
HHA or NA Training School, or Any relevant training -correspondence or otherwise.			

Former Employers

(Start with more recent employer; list last four employers)

Dates	Name, Address & Phone No. of Employer	Position	Salary	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

SOUTHEASTERN OHIO HOME HEALTH & STAFFING SOLUTIONS, INC.

Professional Knowledge/Experience (Nurses Only)		
Category	Years of Experience	Other (List specifics, i.e. list training, orientation)
Pediatric	<input type="checkbox"/>	
IV Therapy	<input type="checkbox"/>	
Psychiatric Nurse	<input type="checkbox"/>	
Home Health Care	<input type="checkbox"/>	
Geriatric Nurse	<input type="checkbox"/>	
Podiatric	<input type="checkbox"/>	
Community Health	<input type="checkbox"/>	
Anesthesia	<input type="checkbox"/>	
Other	<input type="checkbox"/>	

Personal References				
Please furnish three references with complete address. Do not list former employers or relatives. The individuals you list should have known you for at least one year				
Name	Address (include city, state and zip)	Phone Number	Business	Years Known
1.				
2.				
3.				

Applicant Authorization (Please Read Carefully)

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal or prosecution.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Southeastern Ohio Home Health & Staffing Solutions, Inc. from all liability for any damage that may result from utilization of such information.

Signature _____ Date _____

SOUTHEASTERN OHIO HOME HEALTH & STAFFING SOLUTIONS, INC.

Applicant Authorization

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask prior to signing.

Southeastern Ohio Home Health & Staffing Solutions, Inc. does not discriminate in hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law. No questions on this application are intended to secure information to be used for any such discriminatory purpose.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release Southeastern Ohio Home Health & Staffing Solutions, Inc. from any liability for any damage that may result from the utilization of such information.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired or prosecution.

By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and Southeastern Ohio Home Health & Staffing Solutions, Inc. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and Southeastern Ohio Home Health & Staffing Solutions, Inc. retain a similar right. You further understand that no representative of Southeastern Ohio Home Health & Staffing Solutions, Inc. other than {Administrator or Director} has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

I hereby acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant

Date