

A Loving Heart Home Health Care

255 Cabin Creek Rd.

Manchester, Ohio 45144

937-549-4484

Employee Application

Last Name _____ First Name _____ Middle _____

Present Address _____

City _____ State _____ Zip _____

Home Phone Number () _____

Business Phone () _____

Social Security Number _____

Date of Birth _____

Have you been a resident in the State of Ohio for the past 5 years? Yes No

Previous Address if present is under 5 years: _____

EDUCATION:

School Name and Location Years Completed

College _____ Course _____ 1 2 3 4

High School _____ did you Graduate: Yes No

Certifications _____

EMPLOYMENT HISTORY:

Company Name: _____

Address _____

Telephone Number _____ Date Employed _____ Hourly pay _____

State job and describe your work _____

Reason for leaving _____

Company Name: _____

Address _____

Telephone Number _____ Date Employed _____ Hourly pay _____

State job and describe your work _____

Reason for leaving _____

Company Name: _____

Address _____

Telephone Number _____ Date Employed _____ Hourly pay _____

State job and describe your work _____

Reason for leaving _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

Name _____ Telephone Number _____

Address _____

Name _____ Telephone Number _____

Address _____

Name _____ Telephone Number _____

Address _____

Did you serve in the Armed Forces? Yes No

Are you a U.S. Citizen? Yes No

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

Are you over the age of 18? Yes No

Do you have six or more points on your driver's record? Yes No

If applying for a position working with children or seniors, any information contained in records that have been sealed under section 22953.32 of the Ohio Revised Code are reported to our company under 109.53 2a and will be reviewed.

Have you been convicted of a crime excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No

If "Yes" describe in full

Name of nearest relative _____ phone # _____

State names of relatives and friends working for us. yes(list below) no

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Type of request for application employment:

RN _____ LPN _____ STNA _____ OFFICE _____

CNA_____

HHA_____

DATE AVAILABLE FOR EMPLOYMENT: _____

I hereby give permission to contact the employers and personal references I have listed concerning my prior job performance, experience and dependability. **I understand and agree to a criminal background check and understand that A Loving Heart Home Health Care may at anytime require all applicants and employees to take a urine test for drug and/or alcohol use.**

The information provided in this Application for Employment is true, correct and complete. If you employ me, and misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment created no obligation upon you, the employer, to continue to employ me in the future. I further understand that all employment at A Loving Heart Home Health Care is employment at will.

SIGNATURE _____ DATE _____