



# Application For Employment

## Personal Information

Date of Application \_\_\_\_\_ Position Applying For \_\_\_\_\_

Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip Code

\_\_\_\_\_ Additional Space for Address

Phone Number \_\_\_\_\_

Mobile Number \_\_\_\_\_

E-mail Address \_\_\_\_\_ Referred By \_\_\_\_\_

If you cannot be reached at above number, where may we contact you?  
 Name of Person \_\_\_\_\_ Phone Number \_\_\_\_\_

## Required Questions Please place a under the Yes or No columns

Are you legally allowed to work in this country?	YES	NO
Have you lived in the state of Ohio for less than 5 years?	YES	NO
Are you under the age of 18?	YES	NO
Have you ever applied to Healing Touch Home Healthcare before?	YES	NO
Do you have any friends or relatives that work for Healing Touch Home Healthcare? If YES, name of friends and/or relatives _____	YES	NO
Are you currently employed? If YES, may we contact your current employer?	YES	NO
Can you travel if a job requires it?	YES	NO
Do you have a valid driver's license?	YES	NO
Do you have valid auto insurance?	YES	NO
Have you been convicted of a felony within the last five years?	YES	NO
Have you been subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? <i>* A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.</i>	YES	NO
Have you ever been convicted of any criminal violation of law, or are you now under pending investigation or charges of violation of criminal law? If YES, please explain _____	YES	NO

## Availability Information

Date available for work \_\_\_\_\_ Desired Salary Range \_\_\_\_\_

Are you available to work: \_\_\_\_\_ Full-Time (Shift: 1 2 3) \_\_\_\_\_ Part-Time (Shift: 1 2 3)  
 \_\_\_ Sunday \_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday

Please indicate any timings you will not be able to work (Be Specific) \_\_\_\_\_

**Professional Licenses and/or Certifications**

SKILL	<input type="checkbox"/> RN	<input type="checkbox"/> LPN	<input type="checkbox"/> STNA	<input type="checkbox"/> CNA	<input type="checkbox"/> HHA	<input type="checkbox"/> THERAPIST	<input type="checkbox"/> OTHER
Type	Organization	State	Date Issued	Number	Verif. (Internal Use Only)		
CPR Certificate Date			Exp. Date				

**Education**

	Name of School	Location (City, State)	Courses Taken	Completed	Type of Degree or Certification Received
Grammar or Grade School				No Yes	
High School				No Yes	
College				No <u>  </u> / <u>  </u> / <u>  </u> Yes Date	
Vocational or Business				No <u>  </u> / <u>  </u> / <u>  </u> Yes Date	
Professional Education				No <u>  </u> / <u>  </u> / <u>  </u> Yes Date	

**Employment Record** (List last place of employment or present position first)

Present and Former Employers	Dates Employed	Salary Range	Position & Duties
Name _____	From	Starting	
Address _____	To	Ending	
City/State/Zip _____	Supervisor _____		
Phone _____			
Reason For Leaving: _____			
Name _____	From	Starting	
Address _____	To	Ending	
City/State/Zip _____	Supervisor _____		
Phone _____			
Reason For Leaving: _____			
Name _____	From	Starting	
Address _____	To	Ending	
City/State/Zip _____	Supervisor _____		
Phone _____			
Reason For Leaving: _____			

**References**

NAME	PHONE NO.	PROFESSION	YRS. KNOWN
1.			
2.			
3.			
4.			

**DESCRIBE ANY SPECIALIZED JOB RELATED SKILLS & QUALIFICATIONS FROM PAST EXPERIENCE:**


**SUMMARIZE ANY PERSONAL QUALITIES, WORK STYLE, INTERPERSONAL SKILLS WHICH WOULD ASSIST US IN PLACING YOU:**


Healing Touch Home Healthcare does not discriminate against any person on the basis of race, color, national origin, disability, or age in admission, treatment or participation in its programs, services and activities, or in employment.

I certify that answers given herein are true & complete.

I voluntarily give Healing Touch the right to make a thorough investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 180 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment. I will also be required to abide by all rules and regulations of Healing Touch Home Healthcare LLC.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# HEALING TOUCH HOME HEALTHCARE, LLC

627 S. Edwin C. Moses Blvd, East Plaza, Ste G-1, OH 45417

Ph # 937-610-5555 Fax # 937-610-0554

www.healingtouchhc.com

## REFERENCE CHECK FORM

### Information to be completed by the Applicant

Applicant Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Present and Former Employer	Dates Employed		Salary Range	Position & Duties
	From	To		
Name _____	Starting			
Address _____	Ending			
City/State/Zip _____				
Phone _____	Supervisor _____			

Reason For Leaving: \_\_\_\_\_

I hereby authorize Healing Touch Home Healthcare, LLC to obtain all and any information concerning my employment.

I understand this is in accordance with all applicable federal & state laws.

Signature: \_\_\_\_\_ aaaaaaaaaaaaaaaaaa Date: \_\_\_\_\_

### Reference Information to be completed by the Current/Former Employer

Dates Employed	Salary Range	Position & Duties	Eligible for Rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No Please check only one for applicant.
From	Starting		
To	Ending		<input type="checkbox"/> Temporary Employee
			<input type="checkbox"/> Terminated
			<input type="checkbox"/> Still Employed

	Unsatisfactory	Below Average	Average	Above Average	Outstanding
<b>QUALITY OF WORK</b>	1	2	3	4	5
<b>DEPENDABILITY</b>	1	2	3	4	5
<b>COOPERATION</b>	1	2	3	4	5
<b>COMMUNICATION</b>	1	2	3	4	5
<b>PERSONALITY</b>	1	2	3	4	5

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_