

**For Internal Use:**

\_\_\_ Pre-Interview Questions Completed

1 / 2 / 3 Interview 1 - Date \_\_\_ / \_\_\_

1 / 2 / 3 Interview 2 - Date \_\_\_ / \_\_\_

\_\_\_ / \_\_\_ Background Study Completed

\_\_\_ / \_\_\_ References Requested \_\_\_ / \_\_\_ References Received

\_\_\_ / \_\_\_ Decision Date 1 / 2 / 3 Decision Code

\_\_\_ / \_\_\_ Start Date \_\_\_ Position \_\_\_ Hours Meadowlark / Hamilton / Float

**Comments:**

Applicant Initials

# Open Hands, Inc. Employment Application

## Application Information

Full name:

Last

First

M.I.

Date:

Address:

Street address

Apt/Unit #

Phone:

Email:

City

State

Zip Code

Date Available:

Desired salary:

\$

Position applied for:

How did you hear about Open Hands, Inc.?

Indeed ☐ Craigslist ☐ Other

Are you a citizen of the United States?

Yes ☐No ☐

If no, are you authorized to work in the U.S.?

Yes ☐No ☐

Have you ever worked for this company?

Yes ☐No ☐

If yes, when?

## Education

High school:

Address:

From:

To:

Did you graduate?

Yes ☐No ☐

Diploma:

College:

Address:

From:

To:

Did you graduate?

Yes ☐No ☐

Degree:

Other:

Address:

From:

To:

Did you graduate?

Yes ☐No ☐

Degree:

## References

Please list three references other than relatives or former employers.

Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____
Full name:	_____	Relationship:	_____
Company:	_____	Phone:	_____
Address:	_____	Email:	_____

## Previous Employment

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reason for Leaving:	_____	Starting Salary:	_____ Ending Salary: _____
Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reason for Leaving:	_____	Starting Salary:	_____ Ending Salary: _____

Company:	_____	Phone:	_____
Address:	_____	Supervisor:	_____
Job title:	_____	From:	_____ To: _____
Responsibilities:	_____		
May we contact your previous supervisor for a reference?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Reason for Leaving:	_____	Starting Salary:	_____ Ending Salary: _____

## Military Service

Are you a member of the Military Service? Yes ☐ No ☐

Are you now, or have you ever been, a member of the National Guard? Yes ☐ No ☐

## Work Availability

PLEASE INDICATE HOURS AVAILABLE TO WORK ON THE SPACE BELOW						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PLEASE INDICATE YOUR PREFERENCE(S)	
1st Shift	
2nd Shift	
3rd Shift	
Weekends/Holidays	

APPLICANT SHOULD DOCUMENT ADDITIONAL INFORMATION BELOW REGARDING CURRENT WORK SCHEDULE:

\_\_\_\_\_

\_\_\_\_\_

## Skill Assessment

(Please indicate your experience in the following areas of personal care)

Service Experience	None	Some	Much	Service Experience	None	Some	Much
Personal care				Hoyer Lift Transfer			
Skin Care				Full Assist Transfer			
Bed Bath				Making Occupied Bed			
Perineal Care				Making Unoccupied Bed			
Shower				Diet			
Bathe a client				Meal Preparation			
Dressing				Menu Planning			
Hair Care				Assist Feeding Client			
Nail Care				Assist Tube Feeding			
Oral Care				Home Making			
Toileting				Laundry			
Position Client				Shopping			
Medication Reminders				Sweeping, vacuuming, and Mopping Floors			
Administering Medication				Cleaning Bathtub			
Care of Pressure Sores				Cleaning Toilet			
Enema Administration				Washing Dishes			
Suppository Insertion				Standing Pivot Transfer			
Digital Stimulation				Sliding Board Transfer			
Colostomy Care				Behavior Management			
Catheter Care				Teaching Independent Living Skills			
Leg Bag/Night Bag Set-up				Writing Incident Reports			
Activity				Supervisor/Lead staff			
Range of Motion				Additional Skills			
Ambulating							
Transport Client							
Assist with Medical Appointments							

AN EMPLOYMENT APPLICATION, DUE TO ITS LIMITED SPACE, GENERALLY DOES NOT GIVE A COMPLETE DESCRIPTION OF YOUR SKILLS AND CAPABILITIES FOR THE EMPLOYER TO CONSIDER. PLEASE USE THIS SPACE TO GIVE ADDITIONAL BACKGROUND INFORMATION.

[illegible]

## APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT WITH OPEN HANDS, INC.

*(Please read carefully before signing.)*

"I understand that an investigative consumer report involving information concerning my character, employment history, general reputation, police record, personal habits, mode of living, credit, and indebtedness may be obtained prior to any final offer of employment. Upon a timely written request to the personnel department of the company, the nature and scope of the report will be disclosed to me."

"I certify that the answers given by me in this employment application are true, correct, and complete. I agree that the company shall not be liable, in any respect, if my employment is terminated because of misstatements or pertinent omissions made by me in this application. Moreover, I understand that all offers of employment are contingent upon passing a background check, the company's prescribed physical examination, and a drug screen."

"I agree, as a condition of my employment (should I be employed by the Company), to submit to a medical examination if requested and based on the position that I accept or urinalysis test if requested and paid for by the company I further agree to the search or examination of myself or personal property while on the company's premises or while conducting it business elsewhere, I also authorize any company, school, police or security personnel, or other person to give any information regarding my employment, habits, ability, or any other characteristics, whatsoever, together with any information they have regarding me whether or not it is in their records, I hereby release all physicians, examiners, companies, schools, or other persons from liability for any damages whatsoever for such testing, examining, or issuing this information. It is agreed and understood that completion of this application does not mean a job opening exists and in no way obligates the company to employ me."

"In the event of employment, I will comply with all company rules and regulations as established from time to time, including the company's substance abuse policy. I am willing to work all assigned overtime or other special work assignments as requested by the company. Furthermore, the company does not offer contracts or employment unless signed by an authorized representative. I understand that nothing contained herein is intended to create a contract between the company and me for either employment or the provision of any compensation or benefits. I understand that I have the right to terminate my employment at any time, and likewise, the company has the same right."

"I hereby understand and acknowledge that any employment relationship with the Company is of an "At-Will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time, with or without notice, with or without cause. It is further understood that this "At-Will" employment relationship may not be changed by any written document or by verbal agreement unless such change is specifically acknowledged in writing by an authorized Executive of this Company. I also understand that Open Hands, Inc. retains the right to amend, modify, add, or delete any or all policies or procedures at its sole and absolute discretion."

"During my employment with Open Hands, Inc. and after my employment ends, I agree not to disclose any confidential or proprietary information regarding operating and trade secrets. I further agree that concerning any civil litigation involving Open Hands, Inc. in which I am a potential witness, and which does not involve an actual or potential claim by me personally, I will not discuss the facts of the case with any third parties without first notifying Open Hands, Inc. or unless a representative or attorney or Open Hands, Inc. is present. A copy of this form may be used as the original. The use of results from this form and/or tests will be used for prudent employment decisions."

**This application is valid for 180 days from the application date unless renewed in person or in writing.**

**Applicant's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Open Hands, Inc., is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely upon your qualifications. Thank you for completing this application form and for your interest in Open Hands, Inc.**