



OHI Employment Application

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit	
City		State		ZIP	
Phone		E-mail Address			
First Date Available To Start Work		Position Desired		Salary Desired & Hourly wage	
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If so, when?	
Have you ever been convicted of a crime other than a traffic violation?		YES <input type="checkbox"/> NO <input type="checkbox"/>		If yes, explain	
EDUCATION					
High School			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other			Address		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES					
<i>Please list three references other than relatives or former employers.</i>					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					
Full Name			Relationship		
Company			Phone		
Address					

PREVIOUS EMPLOYMENT									
Company					Phone Fax				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone Fax				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Company					Phone Fax				
Address					Supervisor				
Job Title				Starting Salary	\$			Ending Salary	\$
Responsibilities									
From		To		Reason for Leaving					
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>				
How did you hear about Open Hands Inc.?				Indeed <input type="checkbox"/>	Craigslis <input type="checkbox"/>	Other <input type="checkbox"/> _____			
MILITARY SERVICE									
Are you a member of the Military Service?			YES <input type="checkbox"/>	NO <input type="checkbox"/>					
Branch					From	To			
Rank at Discharge					Type of Discharge				
If other than honorable, explain									
Are you now or have you ever been a member of the National Guard Yes _____ NO _____									
Rank _____ Specialty _____ Date(s) Entered/Discharge _____									
Additional information:									

PLEASE INDICATE HOURS AVAILABLE TO WORK ON THE SPACE BELOW

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

PLEASE INDICATE YOUR PREFERENCE(S)

1 st Shift	
2 nd Shift	
3 rd Shift	
Weekends/Holidays	

APPLICANT SHOULD DOCUMENT ADDITIONAL INFORMATION BELOW REGARDING CURRENT WORK SCHEDULE:

AN APPLICATION FOR EMPLOYMENT, 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

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							

APPLICANT'S STATEMENT AND CONDITIONS OF EMPLOYMENT

(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 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 the company's prescribed physical examination and 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 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, since the company does not offer contracts or employment (unless signed by the President), 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 employee at any time, with or without notices, 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 with respect to 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 _____ 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 your interest in Open hands, Inc.