



"A Care with Love"

Please complete all items on the attached application. An incomplete application may not be considered.

If you are offered conditional employment, you will need a valid driver's license and proof of automobile insurance.

You will also need two (2) forms of qualifying identification for completion of an I-9 form (proof of eligibility to work in the United States).

Sochi Home Health Agency, LLC is an equal opportunity employer. All qualified applicants will be considered without regard to age, race color, sex, religious affiliations, national origin, marital status, ancestry, veteran status, political affiliation, sexual orientation or preference, physical or mental disability, or genetic information.

Sochi Home Health Agency, LLC

Miscellaneous Information

Are you at least 18 years of age? YES NO

Have you lived in the state of Ohio for the past five (5) years? YES NO

Do you have automobile (car) insurance? YES NO

Have you previously applied for employment with Sochi Home Health Agency? YES NO

If yes, please list the month and year: _____

Have you previously been employed by Sochi Home Health Agency? YES NO

If yes, please list your date of employment: _____ until _____

Are any of your relatives employed by Sochi Home Health Agency? YES NO

If yes, who? _____

Are you prevented from lawfully becoming employed in the United States because of Visa or immigration status? YES NO

Which certifications do you have? BLS CPR FIRST AID

License(s) or certification(s): _____

Special skills: _____

Special training: _____

Honors & awards: _____

Do you have any severe pet allergies? CAT DOG SMOKE NONE

How did you hear about Sochi Home Health Agency?

- Website: _____
- Patient Referral: _____
- Employee Referral: _____
- Other: _____

Sochi Home Health Agency, LLC

Employment Record

Please list your last three (3) employers, beginning with your most recent employer.

Name of employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Dates of employment: _____ until _____

Job duties/responsibilities: _____

Reason for leaving: _____

May we contact your present employer? YES NO

Name of employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Dates of employment: _____ until _____

Job duties/responsibilities: _____

Reason for leaving: _____

Name of employer: _____

Address: _____

Phone: _____ Supervisor: _____

Job Title: _____

Dates of employment: _____ until _____

Job duties/responsibilities: _____

Reason for leaving: _____

Sochi Home Health Agency, LLC

I certify that all the information provided by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the rules and regulations of Sochi Home Health Agency, LLC and I agree that my employment and compensations can be terminated with cause and with or without notice at any time, at the option of Sochi Home Health Agency, LLC.

I also understand and agree that the terms and condition of my employment may be changed with or without cause and with or without notice, at any time by Sochi Home Health Agency, LLC. I understand that no one other than the Administrator or his or her appointed representative, and only in writing and signed by the Administrator, has any authority to enter into any agreement for the employment for any specific period of time or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the employer, its representatives, employees, or agents to contact and obtain information from all references. Employers, public agencies, licensing authorities, and educational institutions to otherwise verify the accuracy of all information provided by me in the application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives for the seeking, gathering, and using such information in the employment process and all other persons, corporations, and organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state, or federal law.

I understand that if hired, Sochi Home Health Agency is required by law to ask me to provide proof of identify and proof of legal authority to work in the United States.

Do not sign this form until you have read and fully understand the above application statement.

I, _____, certify that I have read, fully understand, and accept all terms of the above application statement.

Signature: _____ Date: _____

Sochi Home Health Agency, LLC Employment Verification Form

I have applied for job placement with Sochi Home Health Agency, LLC, I authorize them to collect any information concerning my qualifications and past performance. I also authorize and request that you respond to the questions below. I hereby release you any and all liability in supplying any information regarding my employment.

Applicant's Signature: _____

Applicant's Name: _____

Position Applying For: _____

Social Security #: _____ Date: _____

To be Completed by Previous Employer

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Job Title: _____

Dates of Employment: _____ until _____

Status: Full-time Part-time PRN

Eligible for rehire: Yes No If no, why? _____

Form Completed By:

Name: _____ Date: _____

Job Title: _____