

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.

#### **Application for Employment**

Full name:	: Date:				
Former name	(s):				
Address:					
City:		State:	Zip Code:		
Phone Numbe	er:				
Email Address	s:				
Date of Birth:	Soc	ial Security #:			
				Τ_	
Education	Name	Dates Attended	Major	Degree	
High School					
Adult Training					
College					
University					
U.S. Military S	Service: YES NO	Ra	nk:	•	
Are you curre	ntly a member of the Nationa	al Guard or Reserves	s? YES	S NO	
Are you curre	ntly employed?		YES	S NO	
Have you previously worked in home health care?  YES					
If yes,	how many years have you v	vorked in home heal	th care?		
Emergency C	Contact Information				
1. Name:					
	onship:				
	<u>:</u>				
	onship:				

Empi	yment	Desired							
Positio	on:				Desired	wage:			
Date available to start:				Preferred weekly hours:					
What a	are you	r preferences?	SHIFTS	VISITS	DAYS	EVENING	NI	GHTS	
In wha	In what cities do you want to work?								
Hours	availab	le:							
Sur	nday	Monday	Tuesday	Wednesday	Thursday	Friday	Sa	turday	
		-			•			_	
		<u> </u>				L	<u> </u>		
Refere	ences								
Please	e provid	e three (3) bus	siness referer	nces below, wh	om you have	known at lea	ast one	e (1)	
year:									
1.	Name	<u>.                                    </u>			Phone:_				
2.	2. Name: Phone:								
3. Name: Phone:									
Crimi	nal Hist	tory							
Have you ever been convicted of a felony or misdemeanor?  YES NO							NO		
If yes, state the nature of the crime and the date of conviction below:									
Are th	ere anv	felony or miso	demeanor cha	arges currently	pending aga	inst vou?	YES	NO	
5	•	•			- 2ag aga		•		
	ıı yes,	state the natu	ne or the chal	ges below.					

#### **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 becau	se of Vi	sa or
immigration status?	YES	NO
Which certifications do you have? BLS CPR FIRST	ΓAID	
License(s) or certification(s):		
Special skills:		
Special training:		
Honors & awards:		
Do you have any severe pet allergies? CAT DOG SMOKE	NONE	Ē
How did you hear about Sochi Home Health Agency?		
Website:		
Patient Referral:		
Employee Referral:		
Other:		

#### **Employment Record**

Please list your last three (3) er	mployers, beginning	g with your most re	ecent employer.	
Name of employer:				
Address:				
Phone:	Supervisor:_			
Job Title:				
Dates of employment:				
Job duties/responsibilities:				
Reason for leaving:				
May we contact your present e	mployer?		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:				
Job Title:				
Dates of employment:				
Job duties/responsibilities:				
Reason for leaving:				

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 that 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 ye	<u>ou have reac</u>	d and fully	<u>understand</u>	the above	<u>application</u>
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 #:				
To be Comple	ted by P	revious Er	mployer	
Company Name:				
Street Address:				
City:	State:_		Zip:	
Phone:		_Fax:		
Job Title:				
Dates of Employment:				
Status: □Full-time □Part-time □	PRN			
Eligible for rehire: □Yes □No If r	no, why?			
Form Completed By:				
Name:			Date:	
Job Title:				