



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 is an equal opportunity employer. All qualified applicants will be considered without regard to race, color, ancestry, creed, national origin, sex (including pregnancy, gender, gender identity, gender expression, and sexual orientation), marital status, religion, age, disability status, results of genetic testing (including family medical history), AIDS or HIV status, protected veteran status, or any other characteristic protected by law.

Sochi Home Health Agency, LLC

Application for Employment

Full name: _____ Date: _____

Former name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____ Social Security #: _____

Education	Name	Dates Attended	Major	Degree
High School				
Adult Training				
College				
University				

U.S. Military Service: YES NO Rank: _____

Are you currently a member of the National Guard or Reserves? YES NO

Are you currently employed? YES NO

Have you previously worked in home health care? YES NO

If yes, how many years have you worked in home health care? _____

Emergency Contact Information

1. Name: _____

Relationship: _____ Phone Number: _____

2. Name: _____

Relationship: _____ Phone Number: _____

Sochi Home Health Agency, LLC

Employment Desired

Position: _____ Desired wage: _____

Date available to start: _____ Preferred # of hours per week: _____

What are your preferences? SHIFTS VISITS DAYS EVENING NIGHTS

In what cities do you want to work? _____

Hours available to work each day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

References

Please provide three (3) business references below, whom you have known at least one (1)

year:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

Criminal History

Have you ever been convicted of a felony or misdemeanor? YES NO

If yes, state the nature of the crime and the date of conviction below:

Are there any felony or misdemeanor charges currently pending against you? YES NO

If yes, state the nature of the charges below:

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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: _____

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

Applicant's Name: _____

Social Security #: _____

Desired Position: RN LPN STNA CNA HHA Other: _____

I have applied for job placement with Sochi Home Health Agency, 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.

Signature: _____ Date: _____



To be Completed by Previous Employer



Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Job Title: _____ Status: FT PT PRN

Supervisor's Name: _____

Dates of Employment: _____ until _____

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

Form Completed By:

Name: _____ Date: _____

Job Title: _____