

If you are offered conditional employment, you will need a valid driver's license and proof of auto (car) insurance. You will also need qualifying identification for completion of an I-9 form (proof of eligibility to work in the United States).

It is the policy of Sochi Home Health Agency to provide equal employment opportunities to all applicants and employees without regard to any legally protected status or other non-merit-based factors, including but not limited to race, color, ancestry, creed, national origin, sex (including pregnancy, gender, gender identity, gender expression, and sexual orientation), parental status, marital status, religion, age, disability, family medical history or genetic information, political affiliation, and military service.

We sincerely appreciate your interest in employment at Sochi Home Health Agency and assure you that we're interested in your qualifications. To give us a clear understanding of your background and work history, we ask that you fill in <u>all</u> the information requested. This greatly helps us in our screening process and enables us to place candidates in positions that best meet their qualifications and needs. A resume does not replace the requirement to have this form completed. However, it may be included. Incomplete or illegible applications will not be considered. Applications are considered active for 90 days.

Application for	<u>Employment</u>				
Full name:				Date:	
Former/maiden	name(s):				
Address:					
			_State:	Zip Code:	
Phone Number:		Email Address:			
Are you at least	18 years of age? ☐ Yes ☐ I	No			
Education	School Name	Degree		Major	Graduated
High School/ Equivalent					☐ Yes ☐ No
College/ University					☐ Yes ☐ No
College/ University					☐ Yes ☐ No
Other					☐ Yes ☐ No

Date of Birth:		Social Secu	rity #:			
Have you lived in the state of Ohio for the past five (5) years? ☐ Yes ☐ No						
Do you have auto (car) insurance?	□ Yes □ No				
Do you have any se	vere allergies?	□ Cat □ Dog □	□ Smoke □ None	e 🗆 Other:		
Which certifications	do you have?	☐ BLS (CPR/AED)	□ CPR □ First	Aid		
License(s) or certific	cation(s):					
Special skills/training	g:					
Honors & awards:_						
Have you previously	y been employed	by Sochi Home Healt	th Agency? ☐ Ye	s 🗆 No		
 If yes, 	If yes, please list your dates of employment (month & year):					_
Are any of your rela	tives employed t	y Sochi Home Health	Agency? □ Yes	□ No		
 If yes, 	who?					
How did you hear a	bout Sochi Home	e Health Agency?				
Military Service						
U.S. Military Service	e: Active	□ Veteran □ None	e			
Branch: Service dates: to						
Employment Desired						
Position: \square RN	□ LPN □ H	HA/CNA/STNA □ (Other:			
Date available to start:			Pay 0	lesired:	□Н	ourly
Employment desired: ☐ Full-time ☐ Part-time ☐ PRN Shift(s) desired: ☐ Days ☐ Evenings ☐ Nights						
How far are you willing to travel? ☐ Miles ☐ Minutes						
Timeframe(s) available to work each day:						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Criminal History

All employees are required to undergo a backgr necessarily disqualify an applicant for employme	,	ons. Convictions will not
Have you ever been convicted of a felony or misden	neanor? Yes No	
If yes, state the nature of the crime and the	date of conviction:	
Are there any felony or misdemeanor charges curre	ntly pending against you? ☐ Yes ☐ No	
If yes, state the nature of the charges:		
Emergency Contact Information		
Please list who we should contact in the event of	of an accident or medical emergency.	
1. Name:		
	Phone Number:	
	Phone Number:	
Employment Record		
Please list your last five (5) employers, beginning or temporary jobs.	ng with your most recent employer. Include m	nedical, non-medical, summer,
Company:	Dates of employment:	to
Address:		
City:		
Job Title:	Supervisor:	
Job duties/responsibilities:		
Reason for leaving:		

Company:	Dates of employment: to
Address:	
City:	State:Phone:
Job Title:	Supervisor:
Job duties/responsibilities:	
Reason for leaving:	
	Dates of employment: to
Address:	
City:	State:Phone:
Job Title:	Supervisor:
Job duties/responsibilities:	
Reason for leaving:	
Company:	Dates of employment: to
Address:	
	State:Phone:
Job Title:	Supervisor:
Job duties/responsibilities:	
Reason for leaving:	
Company:	Dates of employment: to
Address:	
	State:Phone:
City:	State: Phone: Supervisor:
City:	Supervisor:

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

Sochi Home Health Agency Employment Verification Form

The applicant named below has applied for employment with our agency. Please verify employment, employment dates, position held, and who their RN Supervisor was at the time of employment. In accordance with OAC 173-39-02.11, any section marked with an asterisk (*) is required for this form to be used for employment purposes.

Please fax the completed form to 937-732-5049.

*Applicant's Name:	*Date of Application:	
I hereby authorize the following information to be released by	all my previous employers.	
*Applicant's Signature:	*Date:	
To be Completed by	y Previous Employer	STOP
*Company Name:		
*Street Address:		
*City:	*State:*Zip:	
Phone:	Fax:	
*Dates of Employment:	to	
*Position Held:	Would you rehire this individual? □Yes	□No
*Was this position supervised by an RN? □Yes □No	*Name of RN:	
Reason for Leaving:		
Comments:		
Form Completed By:		
*Name:	*Date:	
*.lob Title:		