



A Care with Love

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), parental status, marital status, religion, age, disability, family medical history or genetic information, political affiliation, military service, or other non-merit-based factors.

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 all 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 Employment

Full name: _____ Date: _____

Former/maiden name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Date of Birth: _____ Social Security #: _____

Education	School Name	Dates Attended	Major	Degree	Graduated
High School/ Equivalent					<input type="checkbox"/> Yes <input type="checkbox"/> No
Adult Training					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/ University					<input type="checkbox"/> Yes <input type="checkbox"/> No
College/ University					<input type="checkbox"/> Yes <input type="checkbox"/> No

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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 How many years have you worked in home health care? _____

Emergency Contact Information

1. Name: _____

Relationship: _____ Phone Number: _____

2. Name: _____

Relationship: _____ Phone Number: _____

Employment Desired

Position: _____ Desired hourly wage: _____

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

What are your preferences? (select all that apply) Shifts Visits Days Evenings Nights

In what cities do you prefer to work? _____

Timeframe(s) available to work each day:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

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: _____

Are there any felony or misdemeanor charges currently pending against you? Yes No

If yes, state the nature of the charges: _____

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Miscellaneous Information

Are you at least 18 years of age? Yes No

Do you have automobile (car) insurance? Yes No

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

Have you previously applied for employment with Sochi Home Health Agency? Yes No

- If yes, please list the month, year, & position: _____

Have you previously been employed by Sochi Home Health Agency? Yes No

- If yes, please list your dates of employment (month & year): _____ until _____

Are any of your relatives employed by Sochi Home Health Agency? Yes No

- If yes, who? _____

Are you legally eligible for employment in this country? Yes No

Do you have any severe allergies? Cat Dog Smoke None Other: _____

Which certifications do you have? BLS (CPR/AED) CPR First Aid

License(s) or certification(s): _____

Special skills: _____

Special training: _____

Honors & awards: _____

How did you hear about Sochi Home Health Agency? _____

Employment Record

Please list your last five (5) employers, beginning with your most recent employer. Include medical, non-medical, summer, or temporary jobs.

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

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Company: _____ Dates of employment: _____ to _____

Address: _____

City: _____ State: _____ Phone: _____

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: _____

Company: _____ Dates of employment: _____ to _____

Address: _____

City: _____ State: _____ Phone: _____

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: _____

Sochi Home Health Agency Job Application

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 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 of 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? _____

Comments: _____

Form Completed By:

Name: _____ Date: _____

Job Title: _____