

**ADVANCED HOME HEALTH
APPLICATION FOR EMPLOYMENT**

(to be completed in conjunction with attached Personal History Statement)

Advanced Home Health (AHH) is an equal opportunity employer. All applicants will receive consideration for employment without regard to race, color, religion, creed, sex, marital status, age, national origin or ancestry, physical or mental disability, medical condition including genetic characteristics, sexual orientation or any other consideration made unlawful by federal, state or local laws.

Date:

Please print in ink.

PERSONAL INFORMATION

Name (First, Middle, Last)		Nickname you prefer to use:	Social Security Number	
Street Address			Phone Numbers	
City	State	Zip	()	Days
Position Desired:			()	Evenings
			<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
			<input type="checkbox"/> Per Diem/On-call	
What days and hours are you available for work?				
Date available for employment:		Salary desired:	Referred by:	

GENERAL INFORMATION

Have you previously been employed with AHH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates:
Do you have any friends or relatives employed with AHH? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list names:
Are you able to perform the essential functions of the job for which you are applying without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, please describe the functions that cannot be performed and what accommodations would enable you to perform the job.
(NOTE: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skills and agility tests).

PROFESSIONAL REFERENCES

Name	Telephone Number	Occupation	Years Acquainted

Answer the following questions if you are applying for a clinical position:

Name of license/certification: _____	License/certification number: _____
Issuing state/agency: _____	Expiration Date: _____
Has your license/certification ever been revoked or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state the reason(s), date of revocation or suspension and date of reinstatement. _____	
Many of our customers (clients) do not speak English. Do you speak, write or understand any foreign languages? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, which language (s)? _____	

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for the position for which you are applying? [] Yes [] No

If yes, please explain: _____

Computer Skills - Hardware	Dates Used	Level of Proficiency
Computer Skills - Software	Dates Used	Level of Proficiency

Please read carefully, initial each paragraph and sign below.

_____ initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances of employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ initials I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigations or disclosures.

_____ initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the majority of the Board of Directors.

_____ initials (RN/LVN, Pharmacy Technician, Pharmacist and Delivery position only). I understand that any offer of employment is contingent on my passing a pre-placement physical. By signing this application, I voluntarily agree to submit to a pre-placement physical upon receipt of a verbal offer of employment. I understand that failure to pass the physical will result in withdrawal of the employment offer.

_____ initials If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California Drivers License and understand that I will be required to provide a copy of my proof of insurance.

My signature below certifies that I have read and understand these complete pages, and agree to the terms and conditions outlined in this document

 Applicant's Signature

 Date



Personal History Statement

Please Print Legibly

PERSONAL

The following information is requested of you for verification and contact purposes:

1. Your name (Please print CLEARLY or type):				
Last	First	Middle		
Other names you have used or been known by:			What years:	
2. Your address:				
Number	Street	City	State	Zip Code
3. Please list the telephone number(s) at which you can be contacted:		()	()	
		Hrs. you can be contacted:	Hrs. you can be contacted:	
4. You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No				
5. Social Security Number		<i>We are in compliance with the Federal Privacy Act of 1974. The SSN will be used for identification purposes to ensure that proper records are obtained.</i>		
6. Driver's License Number		State	<i>You might be required to drive a vehicle during the course of your employment. Please furnish your driver's license number.</i>	
6a. Last name as it appears on your License				

RESIDENCE

7. Please list all of your residences during the last 10 (ten) years (list no information prior to your 18 th birthday). Begin with current residence.			
Address of Residence	City, State & County	Dates	
		From Month/Year	To Month/Year



Personal History Statement

Please Print Legibly

EDUCATION

8. Please indicate your current situation with regard to this requirement by checking one of the appropriate boxes.

- I possess a high school diploma from a U.S. Institution.
- I passed the G.E.D. (General Educational Development) Test. Date: _____ Location: _____
- I passed the California High School Proficiency Examination. Date: _____ Location: _____
- I possess a two-year college degree.
- I possess a four-year college or university degree.
- I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

9. Please indicate below all the schools you have attended beginning with high school. A review of your school records may be made in conjunction with those contacts.

Name of School	City, State & County	Dates		Degree or Units Earned
		From Year	To Year	

9a. Please list all Professional Licenses / Certificates / Business Registration numbers, etc.:



Personal History Statement

Please Print Legibly

EXPERIENCE AND EMPLOYMENT

10. Would any problem result if your present employer was contacted during the course of this background investigation? YES NO

11. If you have had no prior employment, please explain in the space below:

12. Have you ever been fired or asked to resign from any place of employment? YES NO
If "Yes," please give details (include when, where, circumstances).

13. BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT please list all jobs including part-time positions you have held in the past 10 years. Write in all dates of unemployment.

Dates		Name and address of employer		Name of supervisor	
From Mo/Yr	To Mo/Yr			Tel. # ()	
				Fax # ()	Name(s) of co-worker(s)
Full time <input type="checkbox"/> Part-time <input type="checkbox"/>		Title or duties (for identification purposes).			
Salary \$ _____					

Reason for leaving:

Dates		Name and address of employer		Name of supervisor	
From Mo/Yr	To Mo/Yr			Tel. # ()	
				Fax # ()	Name(s) of co-worker(s)
Full time <input type="checkbox"/> Part-time <input type="checkbox"/>		Title or duties (for identification purposes).			
Salary \$ _____					

Reason for leaving:

Personal History Statement

EXPERIENCE AND EMPLOYMENT CONTINUED

Dates	Name and address of employer		Name of supervisor
From Mo/Yr	To Mo/Yr	Tel. # () _____ Fax # () _____	Name(s) of co-worker(s)
Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Salary \$ _____	Title or duties (for identification purposes).		
Reason for leaving:			
Dates	Name and address of employer		Name of supervisor
From Mo/Yr	To Mo/Yr	Tel. # () _____ Fax # () _____	Name(s) of co-worker(s)
Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Salary \$ _____	Title or duties (for identification purposes).		
Reason for leaving:			
Dates	Name and address of employer		Name of supervisor
From Mo/Yr	To Mo/Yr	Tel. # () _____ Fax # () _____	Name(s) of co-worker(s)
Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Salary \$ _____	Title or duties (for identification purposes).		
Reason for leaving:			
Dates	Name and address of employer		Name of supervisor
From Mo/Yr	To Mo/Yr	Tel. # () _____ Fax # () _____	Name(s) of co-worker(s)
Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Salary \$ _____	Title or duties (for identification purposes).		
Reason for leaving:			
Dates	Name and address of employer		Name of supervisor
From Mo/Yr	To Mo/Yr	Tel. # () _____ Fax # () _____	Name(s) of co-worker(s)
Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Salary \$ _____	Title or duties (for identification purposes).		
Reason for leaving:			

Personal History Statement

Please Print Legibly

MILITARY SERVICE

14. Have you ever served in the Armed Forces, National Guard or military reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "Yes," please supply the following information:			
Branch of Service	Service Number	Dates of Service Yr/Mo To Yr/Mo	Type of Discharge
15. Are you currently participating in any military reserve or National Guard Program? <input type="checkbox"/> YES <input type="checkbox"/> NO			
16. Have you ever been the subject of any judicial disciplinary action that resulted in a conviction, while in the military, National Guard or military reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If "Yes," please give details (include branch of service, when where, circumstances).			

LEGAL

17. Have you ever been convicted of any crime? (Do not disclose anything beyond seven years, completed Diversion Programs which were based upon a conviction, any record that has been affected by a sealing, an expungement, a release, a pardon, or convictions for marijuana related offenses that are more than two years old) <input type="checkbox"/> YES <input type="checkbox"/> NO		
Approximate Date	Police Agency and Court Location	Circumstances plus Court Disposition
18. Have you ever been placed on court probation as an adult? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If "Yes," please give details (include when, where, why).		

I hereby certify that all statements made in this Personal History Statement are true and complete, and I understand that any misstatements of material facts will subject me to disqualification or dismissal.		
Signature		Date Completed





NOTICE AND AUTHORIZATION

I, _____, hereby consent and authorize **PRE-EMPLOYMENT INVESTIGATIONS, INC.** to prepare a consumer report for permissible purposes as allowed by the FCRA and ICRA, including, but not limited to, obtaining a consumer report and information as to consumer's credit worthiness, credit standing, character, general reputation, credit capacity, driving record, personal characteristics and mode of living. This report may involve personal interviews with sources such as neighbors, friends, associates, past employers, public records and educational institutions.

If an adverse employment decision is made totally or partially due to the information on the consumer report, the company with which I have applied may give me a copy of the report so that I may contact them if I wish.

I would like a copy of my investigative report: Yes No
(Circle One)

I would like TransUnion, LLC to mail me a copy of my credit report: Yes No
(Circle One)

Mailed Emailed (Circle One)

Email: _____
Include if you want your report emailed

Print Name: _____ Date: _____

Signature: _____ Social Security #: _____

Date of Birth: _____ Drivers License #: _____

Complete Current Address: _____
Street City, State Zip

Complete Previous Address: _____
Street City, State Zip



**Pre-Employment
INVESTIGATIONS**
OBJECTIVE CANDIDATE SCREENING

INSTRUCTIONS TO THE APPLICANT

The information you provide in this personal history statement will be used in the investigation into your background to assist in determining your suitability for the position of _____ with _____.

Please fill out the questionnaire completely and accurately. Keep in mind that:

1. ***All statements are subject to verification.***
2. ***Deliberate inaccuracies or incomplete statements may bar or remove you from employment.***
3. ***You must account for all requested time periods in your background.***

The *Americans with Disabilities Act* prohibits employers from making medically-related inquiries **prior** to a conditional offer of employment. Therefore, if you are completing this Personal History Statement before you have received a conditional offer of employment, **do not** divulge information concerning physical or medical conditions, either past or current.

Please print clearly in ink or type your responses to this questionnaire. If a question does not apply to you, write N/A (not applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of this page and identify the additional information by question number.

**ADVANCED HOME HEALTH
MEDICARE/MEDICAID STATEMENT OF PROGRAM STATUS**

ATTACH THIS FORM TO APPLICATION FOR EMPLOYMENT

PURPOSE:

To ascertain whether employees and prospective employees are in good standing with the Medicare (Title XVIII) and Medicaid (Title XIX) programs to protect the Advanced Home Health office's status with these Federal Healthcare Programs.

POLICY:

1. This form must be signed by all prospective employees at the first interview; prior to hire.
 2. The interviewer will act as witness to the signature and will sign and date the document.
 3. The Human Resources Manager or Department Manager will verify eligibility on the DHHS/OIG website (listed below).
 4. Upon hire, the completed form and verification printout will be retained in the employee's personnel file to validate program status at the time of hire.
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APPLICANTS - PLEASE COMPLETE THE FOLLOWING:

I, _____ hereby certify that I am not excluded from Medicare (Title XVIII) or Medicaid (Title XIX) programs.

Social Security #: _____

Signature: _____

Date: _____

Witness Signature: _____

Date: _____

For office use only:

Verify eligibility on DHHS/OIG website:

<http://exclusions.oig.hhs.gov/search.html> PRINT AND ATTACH VERIFICATION PAGE