

Application For Employment



PERSONAL INFORMATION

LEGAL NAME (LAST, FIRST, M.I.)		NICK NAME/ ALIAS		POSITION APPLYING	
CURRENT ADDRESS			SOCIAL SECURITY NUMBER #		
CITY		STATE		ZIP.	
DATE OF BIRTH		DRIVER LICENSE #		COUNTY	
CELL PHONE NO.		HOME TELEPHONE NO.		WORK TELEPHONE NO.	
ARE YOU U.S CITIZEN? ___ YES ___ NO		CAN YOU PRODUCE EVIDENCE OF THE RIGHT TO WORK WHILE IN THE U.S? ___ YES ___ NO			
WHAT TYPE OF WORK IS INTERESTED IN?		___ FULL-TIME	___ PART-TIME	___ CONTINGENT	

EDUCATION BACKGROUND

School Name (City, State Required)	Graduate	Type of Degree	Grade Point Average
	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ATTENDING NOW		
Licenses, Certifications (Include agency and/or state of issue if applicable.)			

EMPLOYMENT HISTORY

(1) EMPLOYER'S NAME		PHONE	JOB TITLE/ DUTIES
ADDRESS		EMPLOYMENT DATE	SUPERVISOR NAME
REASON FOR LEAVING THIS EMPLOYER		MAY WE CONTACT EMPLOYER? ___ YES ___ NO	
(2) EMPLOYER'S NAME		PHONE	JOB TITLE/ DUTIES
ADDRESS		EMPLOYMENT DATE	SUPERVISOR NAME
REASON FOR LEAVING THIS EMPLOYER		MAY WE CONTACT EMPLOYER? ___ YES ___ NO	
(3) EMPLOYER'S NAME		PHONE	JOB TITLE/ DUTIES
ADDRESS		EMPLOYMENT DATE	SUPERVISOR NAME
REASON FOR LEAVING THIS EMPLOYER		MAY WE CONTACT EMPLOYER? ___ YES ___ NO	

U.S. Military (Active Duty Including Reserve or National Guard Service.)

Branch of Service	Rank	Type of Discharge	Special Skills of Training Acquired in Service
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Computer Skills

TYPING WPM: _____	List software packages with which you have experience.
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LANGUAGES

<input type="checkbox"/> SPEAK	<input type="checkbox"/> READ	<input type="checkbox"/> WRITE
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BACKGROUND INFORMATION:

When completing this section, do not disclose information regarding convictions that have been judicially erased, sealed, eradicated, Impounded or dismissed. Do not disclose information regarding juvenile court convictions or minor civil traffic violations. A conviction Record does not automatically bar you from employment. All of the job-related circumstances surrounding convictions will be Considered.

1. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any felony? _____

2. In the last 7 years, have you been convicted of, pled guilty or no contest to, been imprisoned, or on probation or parole for any misdemeanor? _____

3. Do you currently have felony charges pending? _____ 4. Are you currently on probation? _____

5. If you answered Yes to any of questions above, please explain completely.

Business References (Provide three business references.)

NAME	RELATIONSHIP	TELEPHONE NO.

How Were You Referred to the Agency?

- PRINT ADVERTISEMENT: _____
- INTERNET: _____
- EMPLOYEE REFERRAL NAME _____
- OTHERS: _____

AUTHORIZATION AND UNDERSTANDING:

Release of Prior Personnel Records

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that you may verify any of the information concerning my employment, education, credit or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations, or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me written notice before revealing the information to you. I understand that no verification of my credit history or request for a "consumer report" under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on me, I release you and them from any liability whatsoever arising out of any information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

At-Will Employment Status

I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS ARRANGEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT. I agree that I shall be bound by the other rules, policies, regulations, and terms and conditions of employment of the Company as they are from time to time changed and that no additional obligations can be imposed by me on the Company except those which have been acknowledged, in writing, by the Company President or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the results of my pre-employment physical (if such physical is required) are known.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE COMPANY OR ANY OF ITS SUBSIDIARIES MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Applicant's Signature: _____

Date: _____



AVAILABILITY FORM

NAME: _____ DATE AVAILABLE: _____

CELL PHONE: _____ ALTERNATIVE PHONE# _____

AVAILABLE HOURS LIST EARLIEST AM TO LATEST PM HOURS AVILALABE

	MON	TUES	WED	THUR	FRI	SAT	SUN
DAYTIME							
EVENING							
OVER NIGHT							

PLEASE INDICATE THE LENGTH OF SHIFT YOU ARE WILLING TO WORK

1-3HRS _____ 3-5HRS _____ 5-8HRS _____ 8-16HRS _____ 24 LIVE-IN _____

HOW MANY HOURS OF WORK DO YOU WANT EACH WEEK? _____

HOW FLEXIBLE IS YOUR AVAILABILITY? VERY _____ SOMEWHAT _____ NOT MUCH _____

DO YOU HAVE YOUR OWN TRANSPORTATION? YES _____ NO _____

ARE YOU LIKE DOGS AND CATS? YES _____ NO _____

ARE YOU WILLING TO WORK WITH DEMENTIA? YES _____ NO _____

ARE YOU A SMOKER? YES _____ NO _____

ARE YOU WILLING TO DO PERSONAL CARE? YES _____ NO _____

ARE CONFORTABLE WITH MALE _____ FEMALE _____ OR BOTH _____

ARE YOU EXPERIENCED WITH PERSONAL CARE? YES _____ NO _____

ARE YOU WILLING TO WORK WITH CHILDREN (ADL CERTIFICATION REQUIRED)? YES _____ NO _____

ARE YOU ABLE TO DO LIFTS / TRANSFERS? YES _____ NO _____

DO YOU HAVE ANY CERTIFICATES? YES _____ NO _____ CNA/CPR/FIRST AID/MED ASSIST (CIRCLE ALL THAT APPLY)

AGENCY NEEDS COPIES OF THE FOLLOWING PERSONNEL FILES

- Copy of Driver License
- Copy of Social Security Number
- 1-94 or Green Card
- CPR Card

AGENCY REQUIREMENTS/PRE-TEST

- TB Test
 - Physical Testing
 - Background Check for Sunrise Family Healthcare (BCII)
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BACGROUND CHECK LOCATION

SUNRISE FAMILY HEALTHCARE

79 NORTH WILSON ROAD
COLUMBUS, OHIO 43204
614-766-7769

FEES: BCII - \$32, FBI-\$34, BOTH - \$61

HOURS OF OPERATION

Mon – Friday 8:00 – 5:30