Scott's Home Healthcare LLC.

3208 S. Lafountain St. Kokomo, IN 46902
Phone: 765-457-5500 – FAX: 765-450-6243

Application for Employment

(Print Clearly and Fill Out Completely) **Date:** ____________________

Name: ____
(First name) (Middle) (Last name)

Address: ____

City: _______________________**State:** ______ **Zip Code:** ______________________

County of Residence: ________________________________

Preferred Name: ___________________________ **Email:** _______________________

Phone: __________________________ **Cell Phone Provider:** __________________

Emergency Contact: __________________________ **Phone:** ____________________

Have you lived or worked out of the state of Indiana in the past two years? ☐Yes ☐ No

Are you under 18 years of age? ☐Yes ☐ No

If under 18 years of age, do you have a work permit? ☐Yes ☐No

Are you a U.S. citizen? ☐Yes ☐No

If not a U.S. citizen, do you have the right to remain permanently and work in the U.S.?
☐Yes ☐No Alien Reg. No. ____________________________________

Employment Desired

Position applying for: ____

Hours desired: ☐ Full Time ☐ Part Time ☐ PRN (as needed) ☐ Temporary

★★WE REQUIRE ALL AIDES TO BE AVAILABLE EVERY OTHER WEEKEND★★

How did you learn of this opening? ____

Who referred you to our company? ____

Date you can start: ____

Have you ever applied to this company before? ☐Yes ☐No

If yes, when? _________________________________

Have you worked for this company before?☐Yes ☐No

If yes, when? _________________________________

If applying for office or nursing position, please proceed to education section.

Complete only if applying for HHA position

Home Health Aide Survey

- **Are you a Certified Home Health Aide (HHA)?** ☐Yes ☐No
- **Are you a Certified Nursing Assistant (CNA)?** ☐Yes ☐No
- **Briefly explain why you are seeking a position in Home Healthcare:** ____
- **Briefly explain your experience in Home Healthcare:** ____
____
- **Do you have a valid Driver's License?** ☐Yes ☐ No
- **Do you have reliable transportation to drive to a patient's home?**☐Yes ☐ No
- **Do you have current auto insurance?** ☐ Yes ☐ No
- **Do you have a reliable cell phone?** ☐ Yes ☐ No

How far from your house are you willing to drive to a patient's home?
☐10 to 15 miles ☐20 to 25 miles ☐30 or more

Availability:

How many hours are you interest in working, if available? ______________________________

Shifts available: 8AM-2PM 10AM-4PM 8AM-4PM

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Education

High School Highest Grade Completed: ☐10 ☐11 ☐12 ☐GED

Name and Location of H.S.: ____

College Completed: ☐Associate's ☐ Bachelor's ☐Master's ☐ PhD

Name and Location of School: ____

Nursing Education Completed: ☐ASN ☐BSN ☐MSN ☐LPN ☐CNA ☐HHA ☐ Medical Assistant

Name and Location of School: ____

Please list any other Licensure or Certification you have such as a CPR Card etc.:

____

References

List THREE personal references and PLEASE DO NOT LIST ANY RELATIVES.

Name	Address	Phone	Years acquainted with you

Former Employers

List below your work experience, starting with your **LAST** place of employment:

Date employed	Name and Address of employer	Name of Supervisor and Phone Number	Rate of Pay
From			**Start**
To			**Finish**
From			**Start**
To			**Finish**
From			**Start**
To			**Finish**
From			**Start**
To			**Finish**
From			**Start**
To			**Finish**

May we contact your present employer at this time?☐Yes ☐ No

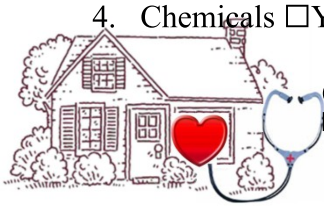
Signing below indicates that you are allowing Scott's Home Healthcare to contact any references that you listed and any former employers.

Applicant's Signature ____ **Date** ______________

DO YOU HAVE ANY ALLERGIES TO OR FEARS OF THE FOLLOWING?

1. Smoking ☐ Yes ☐ No
2. Dogs ☐ Yes ☐ No
3. Cats ☐ Yes ☐ No

4. Chemicals ☐Yes ☐ No



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Employment Understanding

(please read and sign)

This institution does not discriminate in hiring or any other decision on the basis of race, color, religion, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give this institution the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from all liability or responsibility all personas, companies, or corporations supplying examinations information. I consent to take the physical exam and such future physical examinations as may be required by this institution at such times and places as the institution shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential duties I would be required to perform.

I understand that if I am offered a position with Scott's Home Healthcare LLC, there is no guarantee of hours to be worked each week due to patient population and census. I understand that I will only be paid for hours which I am scheduled to work and at no time will I be paid for hours that my supervisor did not approve. I understand that claiming hours that I did not work or making notation of duties I did not complete is fraud and charges could be brought against me in federal court for such actions.

If employed, I will be required to complete Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

Applicant's Signature ____ Date ___________

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REQUEST FOR REFERENCE

TO: Name: ____

Address: ____

City/State/ZIP: ____

Phone Number: ___________________________ Fax Number: _____________________________

To assist me in securing employment with Scott's Home Healthcare LLC, I hereby authorize you to supply the information requested below. In consideration of your help, I hereby waive any claim against you regarding such information.

I have told SHH that I was employed by you from: __________________to____________________

I would appreciate your filling in the blanks below and returning this form directly to SHH.

Applicant's Signature___________________________SS#___________________Date: ________________

Did this person work for you as indicated above? ________Yes __________No

****
Reference request completed by: Employee (please print) ____

Signature: ____Title______________________________
Date: ______________________
Please return to SHH Fax number on Fax sheet. Thank You.

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Applicant's Signature___________________________SS#___________________Date:________________

Did this person work for you as indicated above? ________Yes __________No

****

Reference request completed by: Employee (please print) ____

Signature: ____Title______________________________
Date:______________________

NOTICE REGARDING BACKGROUND INVESTIGATION

A consumer report (background screening report) and/or an investigative consumer report which may include information obtained through personal interviews concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living may be obtained in connection with your application for and/or continued employment, contract for services or volunteer services with Scott's Home Healthcare LLC. **A consumer report and/or an investigative consumer report may be obtained at any time during the application process or during your employment, contract for services or volunteer services with the** Scott's Home Healthcare LLC**.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Safe Hiring Solutions LLC, P.O. Box 295, Danville, IN 46122 888-215-8296.

AUTHORIZATION

By signing below, I, ________________________________, hereby voluntarily authorize Scott's Home Healthcare LLC to obtain either a consumer or an investigative consumer report about me from a consumer reporting agency and to consider this information when making decisions regarding my application for and/or continued employment, contract for services or volunteer services atScott's Home Healthcare LLC . I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above, and have received a Summary of My Rights Under the FCRA. This report may be delivered in either written or electronic form.

____ _____________________

Print Name (last, first, middle) Social Security Number

____

Date of Birth (MM/DD/YYYY) Drivers License Number Drivers License State Telephone Number

(For ID Purposes Only)

Any other names I have been known by:____

Current Address: ____

Previous Addresses (Last 7 Years) ____

____

____ ____________________________

Signature_________________________ Date_________________________

☐ Check for CA, MN or OK applicants only, if you would like to receive a copy of the consumer report if one is obtained.

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Notice Regarding Criminal History Check

I have informed the Agency of all my names (for example, maiden name, aliases) that I have used in the past. I understand that I have been employed on a temporary basis and that my employment is temporary pending the results of the criminal history check. I also understand that if I have been convicted of the following offenses, that I may not be employed by this Agency. I also understand that the Agency will search the CMS Misconduct Registry and the Indiana Health Professions Bureau and the National Sex Offender Registry to determine whether any acts of abuse, neglect or exploitation have occurred and whether my name has a negative designation. If my name is negatively designated on any registry I understand the Agency must deny me employment. If I have a pattern of driving offenses over the past 10 years, this agency reserves the right to deny employment, if I travel for my position. However, no action will be taken until the management of the agency explores the situation with me.

Offenses, which constitute a bar to employment and for which an administrative review is not available, are offenses under:

Chapter 19, Penal Code	(Criminal homicide)
Chapter 20, Penal Code	(Kidnapping and unlawful restraint)
Chapter 21.11, Penal Code	(Indecency with a child)
Chapter 22.02, Penal Code	(aggravated assault)
Chapter 22.04, Penal Code	(injury to a child, elderly individual, or disabled individual)
Chapter 22.041, Penal Code	(abandoning or endangering a child)
Chapter 25.031 Penal Code	(Agreement to abduct from custody)
Chapter 25.06, Penal Code	(Solicitation of a child)
Chapter 25.11, Penal Code	(Sale or purchase of a child)
Chapter 28.08, Penal Code	(Arson)
Chapter 29.02, Penal Code	(Robbery)
Chapter 29.30, Penal Code	(Aggravated robbery) or

(1) Rape (IC 35-42-4-1).
(2) Criminal deviate conduct (IC 35-42-4-2).
(3) Exploitation of an endangered adult (IC 35-46-1-12).
(4) Failure to report battery, neglect, or exploitation of an endangered adult (IC 35-46-1-13).
(5) Theft (IC 35-43-4), if the conviction for theft occurred less than ten (10) years before the person's employment application date.
(6) A felony that is substantially equivalent to a felony listed in:
(A) subdivisions (1) through (4); or
(B) subdivision (5), if the conviction for theft occurred less than ten (10) years before the person's employment application date; for which the conviction was entered in another state.

A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice of an offense containing elements that are substantially similar to the elements of an offense listed above will also result in denial of employment at this agency.

I understand that all information obtained by this Agency regarding any criminal history will remain confidential. By signing this form, I certify that this agency may obtain information from the registries and licensing bureaus listed above. To the best of my knowledge I am not aware of any convictions of the above offenses.

Signature ____Date ____________