

HOME HEALTH CARE PLUS, LLC

6011-13 MARKET STREET, PHILADELPHIA, PA 19139

Application for Employment

Home Health Care Plus is an equal opportunity employer and complies with all provisions of Title VI of the Civil Rights Act as amended and Title I of the Americans with Disabilities Act of 1990. Home Health Care Plus also complies with applicable provisions of the Fair Labor Standards Act as amended. Applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

PLEASE PRINT CLEARLY

Date of Application: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_
Name: \_\_\_\_\_
Last First MI
Address: \_\_\_\_\_
Street City Zip Code
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of employment seeking: [ ] Full Time [ ] Part Time [ ] Pool

Shifts available to work: [ ] Days [ ] Evenings [ ] Nights [ ] Weekends

Desired Salary: \_\_\_\_\_

Have you ever been employed by Home Health Care Plus before? Yes [ ] No [ ]

How did you learn about Home Health Care Plus?

[ ] Advertisement [ ] Employee Referral [ ] Walk-in [ ] Other: \_\_\_\_\_

Have you lived outside the state of Pennsylvania within the last two years? [ ] Yes [ ] No

Are you 18 years of age or over? [ ] Yes [ ] No

If under age 18, do you have a work permit? [ ] Yes [ ] No

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

Have you ever been convicted of a crime (other than a misdemeanor or summary offense) or even been convicted of a violent crime? [ ] Yes [ ] No If YES, please explain: \_\_\_\_\_

Have you ever been dismissed from employment due to abuse of residents or has your medical license ever been suspended? [ ] Yes [ ] No If YES, please explain: \_\_\_\_\_

Driver's license number, if driving is an essential job functions: \_\_\_\_\_ State: \_\_\_\_\_

Professional license or registration: \_\_\_\_\_ State: \_\_\_\_\_

License or registration number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Employment History

Please provide the following information for your last (3) employers, starting with the most recent.

<b>Employer:</b>	<b>Address:</b>	<b>Tel. Number:</b>
<b>Supervisor:</b>		<b>Start Date:</b>
<b>Job Title:</b>	<b>Job Duties:</b>	<b>End Date:</b>
<b>Reason For Leaving:</b>		<b>Starting rate of pay:</b>
		<b>Final rate of pay:</b>
	<b>May we contact for a reference?</b>	

<b>Employer:</b>	<b>Address:</b>	<b>Tel. Number:</b>
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<b>Reason For Leaving:</b>		<b>Starting rate of pay:</b>
		<b>Final rate of pay:</b>
	<b>May we contact for a reference?</b>	

## Education Background

<b>High School</b>	<b>Years Complete:</b>	<b>Did you Graduate?</b>	<b>Course of Study</b>
<b>College:</b>			
<b>Other:</b>			

**References**

**Provide the names of three (3) professional references. DO NOT LIST FRIENDS OR FAMILY.**

Name, Position, Company	Telephone	Business/Occupation

**Agreement of Understanding**

*I understand that all statements made on this application for employment are subject to the verification of Home Health Care Plus and I release all persons, companies or institution from any and all liability or responsibility for supplying such information. I further understand that misrepresentation of facts is sufficient cause for rejection of this application or discharge if I am later employed.*

*I understand that my completion of this application and its acceptance by Home Health Care Plus does not imply nor guarantee that an offer of employment will be forthcoming. If employed, I understand that I will be employed as an “at will” employee of Home Health Care Plus. Under the “at will” employment relationship either Home Health Care Plus or I may terminate my employment relationship at any time with or without notice for any reason not in violation of the law.*

*I understand that by signing the employment application, I am agreeing to screening for criminal background and child abuse history clearance if needed, drugs and alcohol, education and/or licensure checks which may be conducted prior to and at any time during employment. I understand that this application remains current for three (3) months. Any offer of employment from Home Health Care Plus is contingent upon my successful completion of the total pre-employment screening process, including the receipt of satisfactory references, successful completion of a two step PPD and/or Chest X-Ray, and receipt of a criminal background check with is satisfactory of Home Health Care Plus.*

*A Criminal Record Background Investigation Report must be obtained for all employees hired. Conviction of a crime listed in the Older Adults Protective Act will result in a denial of employment. By my signature below I affirm that I have been advised that as a condition of my employment, criminal history background clearance must be obtained from the Pennsylvania State Police and/or the Federal Bureau of Investigation. I understand that Act 169 of 1996 and Act 13 of 1997 prohibit the employment of persons convicted of certain crimes, and that this information is being obtained in compliance with this act. I authorize Home Health Care Plus to deduct the cost of the pre-employment criminal record background investigation report and/or child abuse history clearance on myself from my first paycheck. The cost of these reports is \$10.00 each. If I have been a resident of Pennsylvania for less than two years, and additional criminal record background check will be obtained from the Federal Bureau of Investigation at a cost to me of \$30.52. The original of this report will be held on file in the Human Resources Department.*

*I certify that the information provided by me in this application is true and correct to the best of my knowledge. I further certify that I have read and understand all parts of this application. I agree that if I am employed by Home Health Care Plus, I will abide by all rules, regulations, policies and procedures set forth by Home Health Care Plus.*

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*Applicant Signature*

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*Date*

**HOME HEALTH CARE PLUS**

**REFERENCE CHECK FORM**

All information on this form must be completed before in the hiring process can continue.

All applicants must furnish the following information for 2 previous employers.

Name of Applicant: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize the release of the following information to Home Health Care Plus.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ has applied for employment with Home Health Care Plus. As a previous employer, your candid appraisal will greatly assist us in completing our personnel record. Your assistance is appreciated and your evaluation will be confidential.

Applicant states that he/she worked with you from: \_\_\_\_\_ to \_\_\_\_\_

Is this employee eligible for rehire: YES / NO

If NO please explain: \_\_\_\_\_

Criteria	Excellent	Good	Average	Poor
Attendance				
Dependability				
Punctuality				
Job Knowledge				
Caring Demeanor				
Attire				
Accepts Supervision				

\_\_\_\_\_  
Name of Facility / Patient

\_\_\_\_\_  
Signature of Company Rep. / Title

Date: \_\_\_\_\_

Please fill out completely and promptly fax back to 215-474-2277, Attn. Human Resource Coordinator  
Any questions please call 215-474-2273 and ask for Human Resource Coordinator

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**CRIMINAL BACKGROUND CHECK  
AUTHORIZATION AND CONSENT FORM**

(Please Print Clearly)

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**Last Name, First Name, M.I.**

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**Other Last Names Used**

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**Present Address Including City, State and Zip**

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**Previous address if lived at present address less than 2 Years**

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**Date of Birth**

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**Social Security Number**

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**Driver License or Identification Number and State Issued**

I have been informed that a criminal background check is required for employment consideration with Home Health Care Plus, LLC. I have been given the opportunity to declare any criminal arrest or convictions pending or already closed. I authorize the release of information to Home Health Care Plus, LLC.

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**Signature**

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**Date**

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**Witness**

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**Date**