Application for Employment

Equal Opportunity Employer

Thank You for applying with Peoples Home Health and taking time to complete our Employment Application.

At Peoples Home Health we are an equal opportunity employer and pledge that we will not practice or permit discrimination in employment on the basis of race, color, religion, sex, age, natural origin, citizenship, or disability. This list, however, is not exhaustive of the grounds upon which discrimination is prohibited. We select applicants based on how well their qualifications match the requirements of a particular job we are trying to fill. We look closely at the job-related education, work histories, proven skills and other relevant factors included in this application. Therefore, it is very important to provide us as complete an application as possible.

Again thanks for applying with Peoples Home Health!

PERSONAL INFORMATION (Please Print Clearly) Date: ________________________

Last Name: ____MI ___________

First Name: ____

Social Security No. ____________________________________

Current Address: ____

City: _____________________________________ County: __________________State: ___________Zip: _________

Home No.: (______)__________________ Cell No.: (______)_______________________

Work No.: (______)__________________ Referred by: ____

Additional Address: (If you have lived less than 7 years in the County listed above, please fill in your previous address below.).

Address: __________________________City_______________________ County: _______________State: ____Zip: ________

EMPLOYMENT DESIRED

Position you are applying for: ____

Date you can start: ___________________________ Salary desired: _________________________

Check all that apply.

What type of work are you interested in: ☐ Full-Time Work ☐ Part-Time Work ☐ Temporary

What shifts/hours are you interested in working? ☐ Days ☐ Evenings ☐ Weekends only ☐ 10 / 12 hour shift
☐ other: ____________________________

We require Clinical Staff to be able to work weekend rotations and on-call rotations. If you are applying for a clinical position can you work a weekend/on-call rotation schedule? ☐ YES ☐ NO

Are you legally eligible for employment in the USA? ☐ YES ☐ NO If hired, you are required to submit proof of your eligibility to work in the USA.

Are you 18 years of age or older? ☐ YES ☐ NO
Have you ever applied here? ☐ YES ☐ NO

Best time to reach you? _______________ am/pm (circle one)
Which phone number should we call to reach you? ☐ Home ☐ Work ☐ Cell

GENERAL INFORMATION

Subjects of Special Study/Research
Work or Special Training/Accomplishments: ____

____

____

LICENSE and/or CERTIFICATION

Are you currently registered, licensed, or certified to practice a profession in the state of Florida? ☐ YES ☐ NO

Please list:

1) ________ ________________________ __________ _______
State Profession Number Expir. Date

2) ________ ________________________ __________ _______
State Profession Number Expir. Date

Do you have an application for registration, licensure, or certification pending in the State of Florida? ☐ YES ☐ NO
If yes, when do you expect it to be issued? ___________________

Have you ever had a license or registry suspended or revoked? ☐ YES ☐ NO
If yes, please explain: ____

ADDITIONAL QUALIFICATIONS (Work Experience not Education)

Place an X in the box to indicate experience in the following:

Clinical/Nursing

☐ Cardiology	☐ Intensive Care Nursery	☐ Operating Room
☐ CV Lab	☐ Medical	☐ Digestive Care
☐ Medical Coding	☐ Orthopedics	☐ Medical Records
☐Emergency/Trauma	☐ Neurology	☐ Performance Improvement
☐ EMT	☐Newborn Nursery	☐ PICU
☐ Gerontology	☐ Nursing Tech	☐ Pulmonology
☐ GYN	☐ Oncology	☐ Recovery
☐ Health Unit Coordinator	☐ Operating Room	☐ Staff Development
☐ ICU	☐ Surgical	☐ UroloSurgical
☐ Medical Terminology	☐Urology	☐Utilization Review
☐ Other: ______________________________		☐ Pediatric

Office/Special Skills

☐ Data Entry	☐ Medical Terminology	☐ Typing spd. (wpm) ________
☐ Excel	☐ Powerpoint	☐ Word
☐ Billing/Insurance	☐ Clerical	☐ Other: _______________

EDUCATION HISTORY

Name and Address of School	Last Year Completed (circle one)	Did You Graduate	List Diploma or Degree
______________________ High School	9 10 11 12	☐ YES ☐ NO	______________
______________________ College/University	1 2 3 4	☐ YES ☐ NO	______________
______________________ College/University	1 2 3 4	☐ YES ☐ NO	______________
______________________ Other (specify)	1 2 3 4	☐ YES ☐ NO	______________

EMPLOYMENT HISTORY (List below present and past employment, beginning with your most recent:

Month and Year	Name & Address of Employer	Starting Salary	Ending Salary	Reason For Leaving
Employer I				
From: _________	______________________	_______	_______	______________
To: __________	______________________	Position: ______________		
Name of Supervisor:	______________________	Phone # (______)______________		
Employer II				
From: _________	______________________	_______	_______	______________
To: __________	______________________	Position: ______________		
Name of Supervisor:	______________________	Phone # (______)______________		
Employer III				
From: _________	______________________	_______	_______	______________
To: __________	______________________	Position: ______________		
Name of Supervisor:	______________________	Phone # (______)______________		
Employer IV				
From: _________	______________________	_______	_______	______________
To: __________	______________________	Position: ______________		
Name of Supervisor:	______________________	Phone # (______)______________		

I hereby give permission to contact the employers listed above concerning my previous work experience as indicated below.

Employer I? ☐ YES ☐ NO

Employer II? ☐ YES ☐ NO

Employer III? ☐ YES ☐ NO

Employer IV? ☐ YES ☐ NO Signed______________________________

PERSONAL REFERENCES (Do Not Use Former Employers or Relatives)

Name	Address	Phone Number
1) ____________________	____________________	__________
2) ____________________	____________________	__________
3) ____________________	____________________	__________

PRE-EMPLOYMENT SCREENING

If I am offered employment by Peoples Home Health and accept the position offered I agree that if my employment ends voluntarily or involuntarily before the completion of my 90 day probationary period I will reimburse Peoples Home Health for the cost of my Pre-Employment Drug Test, Criminal Background Search, and Driving Record Search totaling $110.00.

By initialing this Box ☐ I agree to reimburse Peoples Home Health $110.00 if my employment ends voluntarily or involuntarily before the completion of my 90 day probationary period. This amount will be deducted from my final paycheck.

AUTHORIZATION (Please Read and Sign Below)

"I certify that the information given by me in this application and during the interview process is true and complete to the best of my knowledge and understand that, if employed, falsified or misleading statements may result in my being disqualified from consideration for employment (or subject to immediate dismissal if discovered after I am hired).

I further understand that this application is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that if hired my employment is at-will and can be terminated by me or the company at any time with or without cause. I also understand and agree that no one other than the Vice President Operations and another Senior Manager together has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Vice President Operations and another Senior Manager.

I understand that any offer of employment I may receive will be conditioned on my taking and passing a medical examination given by Peoples Home Health or its designees, and that the exam may include, but is not limited to, any or all of the following (unless otherwise restricted by law): physical exam, mental exam, and drug screening tests. I understand that if I fail to take such tests or the results are unsatisfactory, I will not be hired by Peoples Home Health.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

I understand that applications are kept in active status for sixty (60) days so that they may be considered for vacancies during that period. If I wish to be considered for employment after that time, I must reapply.

Date ____________________ Signature ____

REFERENCE CHECKING RELEASE AUTHORIZATION

I authorize and request that my current and all former employers and those people I have listed as references furnish Peoples Home Health with information about my employment record, including a statement of the reason for termination of my employment, work performance, abilities and other qualities pertinent to my qualifications for employment; hereby releasing them and Peoples Home Health from all liability and responsibility arising from any information provided.

I understand that evidence of any misrepresentation of the data set forth in my employment application, or evidence of any withholding of facts or circumstances that would, if disclosed, affect my application unfavorably, may lead to the termination of my employment.

I agree to provide documentation of identity and employment eligibility, as required by the Immigration Reform and Control Act of 1986 (IRCA), within 24 hours of my first day of employment.

I understand and agree that, if employed, my employment will be at will and without fixed term. Employer may terminate said employment at any time with or without cause, and with or without notice.

I acknowledge if I am hired by Peoples Home Health that I will not be permitted to smoke within the facility, customer's property, or company vehicles.

I have read the entire employment application and have been given an opportunity to review it. I understand and agree to all of its contents. I certify that all answers given on the employment application are true and complete to the best of my knowledge, and I understand that falsification of this application in any detail is grounds for disqualification from further consideration or dismissal from employment.

Name: ____

Last First Middle Maiden

Current Address: ____

City State Zip

Social Security Number: ________________________________

________________________________ ________________________

Signature of Applicant Date