



Helping Hands Home Health of SE Idaho

Employment Application

Thank you for considering a position with our company. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be sure to complete this application in the most thorough and cautious manner possible, as we will complete a detailed background and employment screening that will disclose inaccurate, false, incomplete and/or omitted information.

The following must be filled out completely for your application to be considered.

Personal Information

Name: _____

Address: _____
Apt #, City, State, Zip Code

Email: _____

Home Phone #: _____ Work #: _____ Cell#: _____

Social Security #: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____
(Person not living with you)

- Have you ever applied for employment with Helping Hands? _____ Yes _____ No
- Position Applying for: ___ Nurse's Aide ___ CNA ___ LPN ___ RN
- Do you have a current (CNA, LPN, RN) license? ___ yes ___ no Expiration Date: _____
- How many hours a week are you available for work? _____ minimum _____ maximum
- What days are you available to work? ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun
- What date can you start work? _____
- Are you willing to work: ___ Days ___ Swing ___ Nights ___ Weekends ___ M-F Only
- Do you have reliable transportation? ___ Yes ___ No Do you smoke? ___ Yes ___ No
- Do you have any friends or relatives working for this company? ___ Yes ___ No Name: _____
- How did you learn of our organization? ___ Newspaper Ad ___ Internet ___ Drive by ___ Employee
- Have you had a Criminal Background check with the Department of Health and Welfare within the past 2 yrs.?
___ Yes ___ No Date: _____
- Have you ever been arrested, charged or convicted of a crime in the past 10 years? If yes, list ALL **arrests/charges/convictions** and the outcome regardless of how long ago) Please attach additional pages if necessary.
___ Yes ___ No

Explain: _____

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Employment Application

Please list the cities and states in which you have lived during the past 7 years:

City:	State:

Education/Training

School	Name and Address of School	Courses Taken/ Major	Did you Graduate?	Diploma Degree or Certificate Receiving?
High School			<input type="radio"/> Yes <input type="radio"/> No	
College			<input type="radio"/> Yes <input type="radio"/> No Date:	
Professional Training			<input type="radio"/> Yes <input type="radio"/> No Date:	
Other Classes/Training:				

Employment History

Employer:		Address:	
Dates of Employment: From: _____ to _____ Month/Year Month/Year	Phone #:	Final Salary \$_____ per _____	
Immediate Supervisor's Name and Title:			
Job Description & Duties:			
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Helping Hands Home Health of SE Idaho

Employment Application

Employer:		Address:	
Dates of Employment: From: _____ to _____ Month/Year Month/Year	Phone #:	Final Salary \$ _____ per _____	
Immediate Supervisor's Name and Title:			
Job Description & Duties:			
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			
May we contact for reference? Yes <input type="checkbox"/> <input type="checkbox"/> No			

Employer:		Address:	
Dates of Employment: From: _____ to _____ Month/Year Month/Year	Phone #:	Final Salary \$ _____ per _____	
Immediate Supervisor's Name and Title:			
Job Description & Duties:			
Was your termination voluntary or involuntary? <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary			
May we contact for reference? Yes <input type="checkbox"/> <input type="checkbox"/> No			

- Have you used any other names or social security numbers? ___ Yes ___ No

If yes, please list all other names and social security numbers used: _____

Professional/ Personal References

Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	

Additional Information

Please describe any other experience, training, qualifications, licenses and/or skills that make you especially suited to work at our company:

Authorizations

Please read the following **carefully**, being sure to initial each paragraph, sign and print your name, and date once completed. Please sign and date any separate documents that may be attached.

Confirmation of Honest and Accurate Completion:	Initials:
I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional, based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.	
I certify that I am physically willing and able to perform physical duties that will be required in my job. I am physically able to lift 50 lbs. of weight and I have been trained to safely transfer clients. I will be under probation until I receive notice in writing from Helping Hands that I have been hired as a part time/full time employee.	
I will notify the office if I feel that any procedure is being done that is not safe or will cause harm to myself or the client. I will not perform any duty that would cause harm to either me or the client. I will notify the office if a condition should change my ability to perform my duties.	
I authorize a complete investigation of all statements contained herein and hereby give my full permission for Helping Hands to contact and fully discuss my background and history with all persons and entities listed above to give Helping Hands any and all information concerning my previous employment and any information I may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing same to Helping Hands.	
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.	
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.	
<p>Statement of Confidentiality</p> <p>I understand the importance of observing strict confidentiality policies. Therefore, I agree not to discuss/release any information obtained within the agency regarding any Helping Hands client, their medical record, or any client's condition with any individual not directly associated with Helping Hands nor with Helping Hands employees who are not directly associated with that client. I also agree that all information that is released regarding the client or the client's record will only be done with proper authorization and/or in accordance with established agency policy for the release of the information.</p> <p>I agree to follow guidelines regarding patient privacy according to HIPAA.</p>	
My initials/signature on this document indicates that I understand and agree to abide by the aforementioned policies, and that any breach in the aforementioned policies will result in the implementation of the disciplinary procedure up to and including possible IMMEDIATE DISMISSAL from employment at Helping Hands .	

Helping Hands Home Health of SE Idaho

Employment Application

I authorize Helping Hands Home Health to obtain personal information in regards to my previous employment and/or job performance from the persons listed in the Professional/Personal references of my employee profile.	
Drug and Alcohol Screening: I understand that the use or possession or sale of alcohol or illegal substances in the workplace, or any use which impacts my ability to work safely, may be cause for immediate termination and hereby agree to be tested for use of alcohol or illegal substances upon request of this company, at any time, during employment or for the purposes of employment pre-screening.	Initials:
Notification of Compliance: I agree to immediately notify the company if I should be convicted of a crime while my application is pending or during my employment, if hired. If I become employed, inconsideration of my employment, I agree to comply with all applicable regulations, and company rules, policies, and procedures.	
At-Will Employment: I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that is this company employees me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of payment of my wages or salary, be terminated at any time, for any reason or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized executive of the company. Ai promise that I have not relied, and will not rely, on any oral or written statements to the contrary. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment and replaces any other oral or written agreement or understanding.	

I accept all provisions above and certify that I, personally, completed this application and all of the information provided on this application is true and accurate.

Signature

Printed Name

____/____/_____
Date

This facility does not discriminate in hiring or any other decision on the basis of race, color, sex, citizenship, national origin, age, ancestry, sexual orientation, Vietnam era veteran status, or on the basis of 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.

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Our company is a health care facility. Because of the nature of our services and the vulnerability of our client's, it is imperative and required that we complete a criminal background check for all potential applicants before they are hired. We are submitting the following individual listed below for your consideration and ask for any information in your records. In compliance with the Privacy Act of 1974, the individual in question has signed a release of information as designated below.

Release of Information

(Name- Please Print)

(Social Security #)

(AKA-Also known as)

(Date of Birth)

I, hereby authorize any of the persons or organizations listed in my application, any State or federal agency and/or anyone else with whom I am or have been acquainted or worked for, to give all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to my characteristics, criminal background, mode of living and any of the subjects covered by this applications.

I release all such parties from liability that may result from furnishings such information to you. I authorize you to request and receive such information. I further agree that a copy of this release shall function as an original.

(Signature)

(Date)