



Love & Care Home Healthcare Agency, LLC Application

Today's Date: _____

Personal Data				Email Address: _____	
Last Name		First Name		Middle	SSN
Home Address			City	State	Zip
Home Phone		Cell Phone		DOB	

Emergency Contact Information		
Name of Emergency Contact	Relation	Emergency Telephone Number

Education and Training			
Type of School	Name	City, State	Years Completed
High School			
College			
Vocational/Technical			
Other Training			

Job Information Position Applying for:
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RN LP/VN CNA PCA Clerical Other _____ Date Available: _____

Previous Facility Types Worked: Check All That Apply
 Hospital Hospice Nursing Home Rehab Private Duty Assisted Living / Residential Treatment

Language Skills: Other than English, please check any other languages you speak – <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other: _____	Check the type of assignment you are available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Travel
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Check the days of the week you are available to work:
 Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Holidays available to work: _____

License Type	License/Certification #	State	Expiration Date
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Application

Has your professional license ever been suspended, revoked or under investigation? Yes No
 If Yes, Please explain: _____

Certifications: Check all applicable certifications and enter expiration date:

- | | |
|---|--|
| <input type="checkbox"/> ACLS Expiration Date: _____ | <input type="checkbox"/> Other Expiration Date: _____ |
| <input type="checkbox"/> BCLS Expiration Date: _____ | <input type="checkbox"/> IV Expiration Date: _____ |
| <input type="checkbox"/> CPR Expiration Date: _____ | <input type="checkbox"/> NALS Expiration Date: _____ |
| <input type="checkbox"/> PALS Expiration Date: _____ | |

Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

Facility/Employer Name	Date Employed From: _____ To: _____
Address	Title
City/State/Zip Country	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas:	Telephone #:
Pay Rate/Salary: Hourly _____ Yearly _____	May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why?
Reason for leaving:	If this was a travel assignment, name of agency:
Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?
Facility/Employer Name	Date Employed From: _____ To: _____
Address	Title
City/State/Zip Country	Unit
Number of Beds in Unit: _____ In Hospital: _____	Name of Current Immediate Supervisor
Describe duties and specialty areas:	Telephone #:
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Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name?	Supervisory Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No – How often?

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

PLEASE READ AND COMPLETE CAREFULLY		YES	NO
1.	Have you been convicted (as guilty or not innocent, either under civil or military law, or a determination of abuse or neglect founded against you) of a misdemeanor, a felony or ANY offense involving moral turpitude, the sexual molestation, physical abuse, neglect, or rape of a child, or any like offense against an adult? (if YES, provide explanation below)		
2.	Are any criminal or non-civil charges pending against you? (if YES, provide explanation below)		
3.	Have you ever been fired or asked to resign from any job? (if YES, specify employer, date and reason below)		
4.	Do you have a valid Drivers License? (if YES, please list state, number, expiration date and type/endorsement)		
5.	Have you had any motor vehicle accidents in the last three years?		
6.	Has your driver's license ever been suspended, revoked, denied or canceled?		
7.	Have you ever been employed here before?		
8.	Are you legally eligible for employment in this country?		
9.	Are you 18 years of age or older?		

EXPLAIN ALL "YES" ANSWERS TO QUESTIONS 1-7 HERE:



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PROFESSIONAL/WORK RELATED REFERENCES:		
Name	Relationship	Phone

I understand that I **must** report all accidents to my immediate supervisor **and** to Love & Care Home Healthcare Agency, LLC - - No MATTER HOW SLIGHT. Yes

I also understand that I must wear all required personal protection equipment (PPE). Yes
The penalty for not wearing PPE is disciplinary action, up to and including termination.

Signature

ACKNOWLEDGMENT (Please read carefully and sign)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Love & Care Home Healthcare Agency, LLC permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Love & Care Home Healthcare Agency, LLC with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Love & Care Home Healthcare Agency, LLC may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Love & Care Home Healthcare Agency, LLC, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by Love & Care Home Healthcare Agency, LLC, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Love & Care Home Healthcare Agency, LLC or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Love & Care Home Healthcare Agency, LLC, at any time, can constitute a contract of employment. No representative or agent of Love & Care Home Healthcare Agency, LLC, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Love & Care Home Healthcare Agency, LLC is not involved in the day-to-day supervision or decision concerning client care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Love & Care Home Healthcare Agency, LLC against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature _____ Date _____