

APPLICATION FOR EMPLOYMENT

AmeriMed Home Care, Inc. is an equal opportunity employer. We will not discriminate against or harass any employee or applicant for employment because of race, color, creed, ancestry, religion, national origin, sex, sexual orientation, disability, age, marital status, veteran status, or status with regard to public assistance.

(Please Print Clearly)

PERSONAL INFORMATION

Today's Date: _____ Referred by: _____

Name: _____
 Last First Initial Social Security #

Address: _____
 Street () _____
 City State Zip Code Home Phone
 () _____
 Cell/Other Phone

Do you have a legal right to work in the United States?: Yes No

Are you over 18 years of age?: Yes No

In an emergency, please contact: _____ () _____
 (Please list someone Name Phone Number
 other than your client) Address: _____

EMPLOYMENT DESIRED

Position applying for: Personal Care Assistant Supervisory Nurse Clerical Other _____

Position Status: Part Time Full Time Temporary

License Information (if you are an RN, LPN, Therapist, Etc.) Current Licensure as: _____

License #: _____ State(s): _____ Expiration Date: _____

Certification (CPR, Home Health Aide, Certified Nursing Assistant, Etc.) Certified as: _____

Certification received: _____ Course Length: _____

Do you have a current Driver License?: Yes No Do you have a car?: Yes No

EDUCATION

Education	High School	College	Trade School	Postgraduate
High School				
College				
Trade School				
Postgraduate				

(Over 6)

FORMER EMPLOYERS

Are you presently employed?: Yes No May we contact your present employer?: Yes No

(Please list your present or most recent employer first)

Name _____	Phone () _____
Address _____	Supervisor's Name _____
Start Date _____ Leave Date _____	Position Held _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Worked per Week _____	Starting Salary _____ Ending Salary _____
Duties _____	Reason for Leaving _____

Name _____	Phone () _____
Address _____	Supervisor's Name _____
Start Date _____ Leave Date _____	Position Held _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Worked per Week _____	Starting Salary _____ Ending Salary _____
Duties _____	Reason for Leaving _____

Name _____	Phone () _____
Address _____	Supervisor's Name _____
Start Date _____ Leave Date _____	Position Held _____
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours Worked per Week _____	Starting Salary _____ Ending Salary _____
Duties _____	Reason for Leaving _____

REFERENCES: Please list below the names of three persons ***NOT RELATED TO YOU*** whom you have known for 3 or more years and are familiar with your work and education qualifications.

Name _____	Phone () _____
Address _____	
Relationship to you _____	Years Acquainted _____

Name _____	Phone () _____
Address _____	
Relationship to you _____	Years Acquainted _____

Name _____	Phone () _____
Address _____	
Relationship to you _____	Years Acquainted _____

SPECIAL QUESTIONS

ARE YOU A UNITED STATES CITIZEN?:

YES

NO

PLEASE CHECK ONE BOX TO EACH OF THE FOLLOWING QUESTIONS:

ARE YOU ABLE TO PERFORM EACH OF THE FOLLOWING JOB FUNCTIONS?:

(Examples of "Accommodations" would be a Hoyer Lift, Back Brace, Transfer Belt, Sliding Board, Etc.)

1. TRANSFERS:

- Yes, I can transfer a client without accommodations
- Yes, I can transfer a client, but I would need accommodations
- No, I can not transfer a client

2. LIFTING:

- Yes, I can lift a client without accommodations
- Yes, I can lift a client, but I would need accommodations
- No, I can not lift a client

IF YOU CAN PERFORM THE FUNCTIONS WITH AN ACCOMMODATION, PLEASE EXPLAIN HOW YOU WOULD PERFORM THE TASKS, AND WITH WHAT ACCOMMODATIONS YOU WOULD REQUIRE:

AUTHORIZATION—PLEASE READ THE FOLLOWING AND THEN SIGN BELOW

I authorize an inquiry by an AmeriMed Home Care, Inc. representative to be made on the information contained in this application when it is used in consideration for employment. Former employers and references named herein are authorized to give information regarding me. They are hereby released from any and all liability for issuing such information.

I understand that this employment application and any other company documents are not contracts of employment. I understand and agree that the terms and conditions of my employment may be changed, with or without cause, with or without notice, at any time by the company. I understand that no company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that if hired, I may voluntarily leave employment upon proper notice. I understand that the company at any time and for any reason may terminate my employment and compensation, with or without cause, with or without notice, at the company's sole discretion.

If employed by AmeriMed Home Care, Inc., it is understood that employment is conditional upon complying with the provisions of the Immigration Reform and Control Act of 1986. Accordingly, I will furnish proof of both my identity and my legal right to live and work in the United States of America.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

I understand that if I am employed with the company that I am not to transport any clients that I am working for or with in my personal vehicle at anytime.

Signature: _____ Date: _____

(Over ↻)



it's about time...make the switch!

phone: 952-854-9071
fax: 952-854-6774

2626 East 82nd Street, Suite 310, Bloomington, MN 55425-1683

REFERENCE REQUEST

APPLICANT SECTION—APPLICANT, PLEASE SIGN AND DATE

I authorize an inquiry by an AmeriMed Home Care, Inc. representative to be made concerning my employment history and qualifications. My former employers and the references that I have given are authorized to give information regarding me. They are hereby released from any and all liability in connection with issuing such information.

Applicant's Signature: _____ **Date:** _____

Dear _____:

The individual whose signature appears above applied to AmeriMed Home Care, Inc. for employment and informs us of having been in your employ or is using you as a reference. The nature of our business requires that we use every precaution in the selection of our employees. Therefore, we would appreciate your assistance in this selection process by replying to the items listed below regarding this applicant's performance. Please be assured that your comments will be held in strict confidence. The applicant's authorization for the Release of Information is provided below. Thank you for your cooperation and prompt response to this inquiry. A self-addressed, stamped envelope has been enclosed for your convenience in replying.

Sincerely,
AmeriMed Home Care, Inc.

FORMER EMPLOYER/REFERENCE SECTION

Applicant: _____ Position Last Held: _____

Dates Employed: From _____ to _____

Termination Voluntary? YES NO Employee eligible for rehire? YES NO

Reason for leaving: _____

Were employee's services satisfactory? YES NO

Please circle appropriate performance level

Punctuality/Attendance/Dependability	Excellent	Good	Fair	Poor
Written Communication	Excellent	Good	Fair	Poor
Quality of Work/Productivity	Excellent	Good	Fair	Poor
Attitude Towards Work	Excellent	Good	Fair	Poor
Trustworthiness	Excellent	Good	Fair	Poor
Interaction with Others	Excellent	Good	Fair	Poor

Comments: _____

Signature of Person Completing _____ Title _____ Date _____