



# Application for Employment

Return to the office or email to:  
office@heartlandhomehealthllcsd.com

PERSONAL DATA					
Date Application Completed		OFFICE USE ONLY Date of Interview		OFFICE USE ONLY Date of Hire	
Last		First		Middle	
Social Security Number	Home Phone ( )	Other Number ( )	Cellular Number ( )		
Address (If less than one year provide your previous address)		City	State	Zip Code	Length of Residence
Previous Address		City	State	Zip Code	Length of Residence
JOB INTERESTS					
Position Applying For:	How were you referred to us?	Date Available for Work?	Anticipated Wage		
Please check the specialty area(s) that best match (as) your experience / education					
<input type="checkbox"/> Home Health	<input type="checkbox"/> Medical / Surgical	<input type="checkbox"/> IV Therapy	<input type="checkbox"/> Intermittent Care	<input type="checkbox"/> Private Duty	
<input type="checkbox"/> Hospice	<input type="checkbox"/> Rehabilitation	<input type="checkbox"/> Pediatrics/Maternal Child	<input type="checkbox"/> Supplemental Staffing	<input type="checkbox"/> Residential Care	
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Hospital	<input type="checkbox"/> Geriatric	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Homemaking	
Please indicate your availability or interests below					
<b>Work Status</b> <input type="checkbox"/> Full Time (32 hours per week average) <input type="checkbox"/> Part Time (less than 32 hours per week average)		<b>Shifts Available</b> <input type="checkbox"/> 8am – 12pm <input type="checkbox"/> 12pm – 5pm <input type="checkbox"/> Weekends <input type="checkbox"/> Nights		<b>Days Available</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
EDUCATION					
Circle the Highest level of education completed		1 2 3 4 5 6 7 8 9 10 11 12    High School Diploma    Associate    Bachelors    Masters			
Name of College or Undergraduate Education / School		Degree		Year Graduated	
Name of College or Undergraduate Education / School		Degree		Year Graduated	
LICENSE / CERTIFICATIONS / EXAMINATIONS					
Type of License	State of Issue	Expiration Date	License Number	Any restrictions or pending actions against license ?	
CPR Expiration		Other Certifications:			
GENERAL INFORMATION					
Are you legally authorized to work in the USA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If you become an employee of this Agency you will be required to provide documentation proving your eligibility to work in the USA		
Have you ever been convicted of a felony or a misdemeanor crime?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.		
If yes, state the basis for each conviction and the date of the conviction:					
Is a member of your family or household employed with Heartland Home Health & Hospice, LLC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, provide name:		
In case of emergency, notify	Phone		Relationship		
Personal References					
Please furnish three references with complete address. Do not list former employers or relatives. The individuals you list should have known you for at least one year					
<b>Name</b>	<b>Address</b> (Include city, state and zip)		<b>Phone Number</b>	<b>Business</b>	<b>Years Known</b>
1.					
2.					
3.					

**WORK HISTORY**

Company Name (present or most recent employer)	Employment Dates		
	From:		To:

Company Address	City	State	Wage	Per Hour	Annual
-----------------	------	-------	------	----------	--------

Describe your Job Responsibilities and Duties
-----------------------------------------------

Supervisor's Name	Telephone Number	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------	----------------	------------------------------	-----------------------------

Reason for Leaving?
---------------------

--

Company Name	Employment Dates		
	From:		To:

Company Address	City	State	Wage	Per Hour	Annual
-----------------	------	-------	------	----------	--------

Describe your Job Responsibilities and Duties
-----------------------------------------------

Supervisor's Name	Telephone Number	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------	----------------	------------------------------	-----------------------------

Reason for Leaving?
---------------------

--

Company Name	Employment Dates		
	From:		To:

Company Address	City	State	Wage	Per Hour	Annual
-----------------	------	-------	------	----------	--------

Describe your Job Responsibilities and Duties
-----------------------------------------------

Supervisor's Name	Telephone Number	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------	----------------	------------------------------	-----------------------------

Reason for Leaving?
---------------------

--

Company Name	Employment Dates		
	From:		To:

Company Address	City	State	Wage	Per Hour	Annual
-----------------	------	-------	------	----------	--------

Describe your Job Responsibilities and Duties
-----------------------------------------------

Supervisor's Name	Telephone Number	May We Contact	<input type="checkbox"/> Yes	<input type="checkbox"/> No
-------------------	------------------	----------------	------------------------------	-----------------------------

Reason for Leaving?
---------------------

--

--

--

In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, Heartland Home Health & Hospice, LLC is an EQUAL OPPORTUNITY EMPLOYER and WILL NOT DISCRIMINATE AGAINST RACE, COLOR, SEX, CREED, NATIONAL ORIGIN OR COMMUNICABLE DISEASE AS DEFINED IN SECTION 504 OF TITLE VI. In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation Heartland Home Health & Hospice, LLC. WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF HANDICAP. In accordance with the Age Discrimination Act of 1975 and its implementing regulation, Heartland Home Health & Hospice, LLC. WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF AGE in the provision of services, unless age is a factor necessary to the normal operation or the achievement of any statutory objective. In accordance with the Americans with Disabilities Act of 1992 (42 USC §12101) and its implementing regulations, (private employers with more than 25 agency personnel), Heartland Home Health & Hospice, LLC. WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF DISABILITY. A disability is a physical or mental impairment that substantially limits a major life activity, or for which there is a record of impairment or which causes the individual to be regarded as impaired.

The information that I have given is true and accurate to the best of my knowledge

Signature of Applicant	Date
------------------------	------



**PRE-EMPLOYMENT DRUG TESTING POLICY**

*(attach to job applications)*

All job applicants at Heartland Home Health & Hospice, LLC will undergo screening for the presence of illegal drugs as a condition for employment.

Applicants will be required to voluntarily submit to lab-based or Point-of-Collection urine, hair or oral fluid test at Heartland Home Health & Hospice, LLC sole discretion, and by signing a consent agreement, will release Heartland Home Health & Hospice, LLC from liability.

Any applicant with a positive test result, or who adulterates or substitutes a test sample or who attempts to do so, will be denied employment at that time. Any applicant who refuses to be tested or to provide a sample to be tested will be denied employment at that time.

Heartland Home Health & Hospice, LLC will not discriminate against applicants for employment because of past abuse of drugs or alcohol. It is the current abuse of drugs or alcohol, which prevents employees from properly performing their jobs that Heartland Home Health & Hospice, LLC will not tolerate.

**PRE-EMPLOYMENT AGREEMENT**

[PLEASE READ CAREFULLY](#)

I freely and voluntarily agree to submit to a drug test as part of my application for employment. I understand that either refusal to submit to a drug test or failure to qualify according to the minimum standards established by Heartland Home Health & Hospice, LLC for this drug test might disqualify me from further consideration for employment.

I further understand that upon commencement of employment with Heartland Home Health & Hospice, LLC, I may again be required to submit to a test of my urine, hair or oral fluid. I understand that refusal to take a requested drug test or failure to meet the minimum standards set for the drug test may result in immediate suspension or termination.

In the event that employment commences prior to Heartland Home Health & Hospice, LLC receiving the drug test results, I understand that I will be immediately terminated if the result comes back positive, adulterated or substituted. I understand that a negative drug test result is required for consideration for permanent employment.

I have read in full and understand the above statements and conditions of employment.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Driver License Information:

State: \_\_\_\_\_ DL # \_\_\_\_\_



**REFERENCE VERIFICATION FORM**

Employee Name: \_\_\_\_\_

SS#: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Employed from: \_\_\_\_\_ to: \_\_\_\_\_

**DO NOT FILL OUT BELOW:**

**FOR OFFICE USE ONLY**

<b>Attendance:</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Job Performance:</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
<b>Attitude</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>

Eligible for Rehire: Yes \_\_\_ No \_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Agency Staff completing reference call: \_\_\_\_\_

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

Spoke With: \_\_\_\_\_ Title: \_\_\_\_\_

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