



Compass Home Health Care

EMPLOYMENT APPLICATION

Compass Home Health Care (the “Company”) is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

PERSONAL INFORMATION

Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone # ()
Address			Business or Message # ()
Position Applied For	Referred By		Salary Desired
Have you ever interviewed with the company or its affiliates before? Yes No			If yes, list date(s), job title(s), & location(s)
Have you ever been employed with the company or its affiliates before? Yes No			If yes, list date(s), job title(s), & location(s)
Do you have any relatives employed by the company or its affiliates? Yes No			If yes, list date(s), job title(s), & location(s)
Are you at least 18 years old? Yes No			If under 18, do you have a work permit?
Emergency Contacts / Numbers			

EDUCATION

Circle Highest Grade Completed: High School 9 10 11 12
 College, Trade or Business 1 2 3 4
 Graduate Studies _____

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business, Other			
List any Professional Designations			
Other Special Knowledge, Skills or Qualifications			
<i>For Clerical Applicants Only</i>			
Do You Type? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, WPM:			
Computer Skills (Hardware/Software)			

EMPLOYMENT HISTORY

List all employments for the past 10 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
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Duties & Responsibilities			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities			

GENERAL

Yes No

- May we contact your current employer for references?
- If hired, will you be able to work overtime? Yes No Weekends? Yes No
- Will you be able to perform essential job functions for the position you are applying for with or without reasonable accommodations?
- Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or seals by court? (A "Yes" answer does not automatically disqualify your application.)

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis of such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary, I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents to verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature _____

Date _____

EMPLOYEE RELEASE OF INFORMATION

I, _____, give Compass Home Health Care permission to **receive** information that pertains to my employment with Compass Home Health Care.

_____ Health Information (TB, Physical, etc.)

_____ Wage Information

_____ Employment Information

*Mark all that apply

I, _____, give Compass Home Health Care permission to **give** information that pertains to my employment with Compass Home Health Care.

_____ Health Information (TB, Physical, etc.)

_____ Wage Information

_____ Employment Information

*Mark all that apply

Employee Signature

Date

Witness Signature

Date

DRIVER'S INFORMATION

Policy requires that staff provide Compass Home Health Care with the following information:

_____ I have a valid Ohio Driver's License. License #: _____

_____ I have automobile/drivers insurance. Company: _____

Policy Dates: _____

_____ I have not been charged with any driving violations in the last 6 months.

Employee Signature

Date

Witness Signature

Date

LONG TERM CARE/HOME HEALTH CARE WORKER
BACKGROUND CHECK
SENATE BILL 160
CONSENT AND ATTESTATION FORM

By signing this form, I consent to the submission of a request for a criminal records check for long-term care worker/home health care worker as required by Senate Bill 160.

The request will be submitted by **Compass Home Health Care LTD - 1257 N. Fairfield Rd. Beavercreek, OH 45432**

I also attest to the following:

- 1) That I have not been convicted of or pleaded guilty to any of the crimes that would disqualify me from working with older adults under S.B. 160.
- 2) That I understand and agree that if I am found to have a record of any of those crimes, I will not be hired for work with older adults, or if I have already been hired, my employment will be terminated.
- 3) That I was informed that I must provide a set of fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.

Signature of applicant

Date