

	<h2 style="text-align: center;">Application for Employment</h2> <p style="text-align: center;"><i>Advanced Home Health Services Is an Equal Opportunity Employer</i></p>		
	Position Applying For:		
	Date Application Submitted:		
<p style="text-align: center;">General Instructions</p> <ul style="list-style-type: none"> • Please complete the application in its entirety • Incomplete applications will not be considered • You may attach supporting documentation such as your resume or cover letter. The application must be completed in its entirety and resumes will not be accepted instead of a completed application. 	<p style="text-align: center;">How did you hear about this position?</p> <p> <input type="checkbox"/> Friend / Relative <input type="checkbox"/> Internet <input type="checkbox"/> Walk In <input type="checkbox"/> Employee Referral: _____ <input type="checkbox"/> Other: _____ </p>		
<p style="text-align: center;">Important Information</p> <p>Due to state and federal regulations along with <i>Advanced Home Health Services, Inc.</i> dedication to providing our patients and employees with a safe and comfortable environment, all individuals offered employment at <i>Advanced Home Health Services</i>. are required to successfully complete our pre-employment process, which consists of a criminal background check, job-related physical evaluation (when applicable) and verification of education and employment history.</p>			
Personal Information			
Name:	Phone Number:		
Address:	Email Address: (Required for background check)		
Availability			
<p>Please indicate your availability (Check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem <input type="checkbox"/> Nights <input type="checkbox"/> Days <input type="checkbox"/> Weekends</p> <p>If part time or per diem, please availability:</p>			
Date you are able to start work:			
Please indicate your desired compensation range:			
Are you able to perform the essential functions of the job(s) for which you are applying with or without an accommodation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Are you legally eligible for employment in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever been terminated or asked by an employer to voluntarily resign your position? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, please explain:			
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Question	Yes	No	When applicable, please provide more information
Are any of your relatives or domestic partners employed by <i>Advanced Home Health Services</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever applied for employment with <i>Advanced Home Health Services</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been employed by <i>Advanced Home Health Services</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	

Education			
Name of Institution	Location (City, State)	Major/Minor	Degree, License or Certificate

Licensure, Certification, Registration				
Type	Number	Date Received	Expiration Date	State/Licensing Agency

For LVN/LPN Only: Are you IV Certified? ☐ YES ☐ NO

Professional References			
Name	Phone Number	Email	Supervisor/Coworker?

Employment History						
Please describe your work experience for the last 10 years beginning with your current or most recent job. Please fill out the entire box for each employer. You may attach your resume in order to provide additional information, however it will not substitute for filling out this section of the application.						
Dates	Name and Address of Employer	Salary	Position	Reason for Leaving	Current Employer	May we Contact
From:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
To:						
From:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
To:						
From:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
To:						
From:					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
To:						

Volunteer Experience			
Name and Address	Period of Service	Type of Organization	Responsibilities

Military Experience
Have you ever served in the Armed Forces, National Guard or military reserves? <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please supply information regarding service:

Languages - other than English

Other skills, including computer relevant to the position you are applying**Residential History**

Please list all residences in the last 10 years. List no information prior to your 18th birthday.

Dates: Month / Year	Street Address, City, State, Zip Code

Statement of Acknowledge and Release of Information

_____ **Initial** – I acknowledge that I have read this application for employment including the instructions for completing the application for employment. I acknowledge that I understood each and every question that was asked of me in the application for employment. I acknowledge that I was given the opportunity by Advanced Home Health Services, Inc. to ask questions regarding the application for employment and the hiring process.

_____ **Initial** – I acknowledge that if Advanced Home Health Services, Inc. employs me, I will be free to leave Advanced Home Health Services, Inc. at any time for any reason and that Advanced Home Health Services, Inc. is free to separate my employment at any time with or without any reason without prior notice. I understand that this is called “employment at will” and no one other than an officer of Advanced Home Health Services, Inc. has the authority to alter this arrangement, to enter into an agreement for a specific period of time, and/or to make any agreement contrary to the at-will nature of my employment. Furthermore, I understand that any such agreement that is contrary to the at-will nature of my employment must be in writing signed by an officer of Advanced Home Health Services, Inc.

_____ **Initial** – I acknowledge and understand that if I am offered a position by Advanced Home Health Services, Inc., the job offer is contingent on my satisfactory completion of a background investigation, a job-related medical evaluation, proof of my legal identification and authorization to work in the United States.

_____ **Initial** – I understand and acknowledge that any misrepresentation, false statements, and/or omissions made by me in completing this Application for Employment may result in my not being considered for employment by Advanced Home Health Services, Inc. and/or may lead to disciplinary action, up to and including termination of my employment if discovered by Advanced Home Health Services, Inc. after I have been hired. I hereby agree to indemnify Advanced Home Health Services, Inc. and further agree to hold it harmless from any claims arising from this authorization and direction.

_____ **Initial** – Advanced Home Health Services, Inc. may obtain information about me from a consumer reporting agency for employment purposes. I understand I may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about my character, general reputation, personal characteristics, and/or mode of living, and which can involve personal interviews with sources such as neighbors, friends, or associates. These reports may be obtained at any time after receipt of my authorization and, if I am hired, throughout my employment. These reports may include checks regarding criminal history, social security trace, employment and education references, credit history, professional licenses and credentials. I have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. I understand that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into education and/or employment history conducted by Pre-Employment Investigations, Inc. or another outside organization. The scope of this disclosure and authorization is all-encompassing, however, allowing Advanced Home Health Services, Inc. to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

Applicant Signature: _____ **Date:** _____

*Should you be offered a position, you will be emailed a request for information from Pre-Employment Inc. It is required for you to complete this online application. If you have any questions, please feel free to contact Human Resources. You will ONLY receive this email if you have been offered a position with Advanced Home Health Services, Inc.