



**APPLICATION FOR EMPLOYMENT**

(equal opportunity employer)

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

**PERSONAL INFORMATION:**

NAME (last name, first name, and any other names you are known by ie: Maiden or married names) SOCIAL SECURITY #

PRESENT ADDRESS (please include city & zip code) \_\_\_\_\_

PERMANENT ADDRESS (please include city & zip code)

PHONE NUMBER:

REFERRED BY:

OHIO RESIDENT MORE THAN 5 YEARS

YES NO

**EMPLOYMENT DESIRED**

POSITION

Full time  Part time

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED?

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? WHEN?

HAVE YOU EVER BEEN CONVICTED OF A FELONY? NO YES \_\_\_\_\_

**PAST EDUCATION:**

| NAME & LOCATION OF SCHOOL               | YEARS ATTENDED | DID YOU GRADUATE | SUBJECTS STUDIED |
|---|----------------|------------------|------------------|
| GRAMMAR:                                |                |                  |                  |
| HIGH SCHOOL:                            |                |                  |                  |
| COLLEGE:                                |                |                  |                  |
| TRADE , BUSINESS<br>OR CORRESPONDENCE : |                |                  |                  |

**GENERAL:**

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK

**APPLICATION FOR EMPLOYMENT**

**REFERENCES:**

**FORMER EMPLOYERS (LIST LAST FOUR, STARTING WITH LAST ONE FIRST)**

Pg 2

| DATES EMPLOYED | NAME OR CONTACT PERSON<br>ADDRESS OF EMPLOYER | PHONE # | SALARY | POSITION | REASON FOR LEAVING |
|----------------|---|---------|--------|----------|--------------------|
| 1)             |   |         |        |          |                    |
| 2)             |   |         |        |          |                    |
| 3)             |   |         |        |          |                    |
| 4)             |   |         |        |          |                    |

**PERSONAL REFERENCES:**

**(LIST PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)**

| NAME | ADDRESS | PHONE# | BUSINESS | YEARS KNOWN |
|------|---------|--------|----------|-------------|
| 1)   |         |        |          |             |
| 2)   |         |        |          |             |
| 3)   |         |        |          |             |

**AUTHORIZATION:**

I hereby certify that all questions are fully and correctly answered and I authorize the agency., to contact my former employers and all other sources they see fit in order to verify the facts and information furnished with regard to my qualifications.

I hereby release any such employer or persons from any and all liability, whatever in nature, on account of furnishing such information. I understand that any misleading or incorrect statements may render this application void, and if employed, could cause termination.

Should I accept employment with the agency., I acknowledge that no contract of employment exists, implied or otherwise. The policies, benefits, and other programs listed in the employee booklet are provided either in compliance with applicable statutes or at the discretion of the agency. This does not imply a contract of employment. The policies, benefits, and other programs offered by the agency, inc. may be changed or eliminated at the agency.'s discretion.

Please indicate that you have read and understand the above statement by signing and dating in the space below. I understand that a policy of a probationary period of 90 days exists and if employed, the applicant may be terminated if transition is not satisfactory.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

INTERVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**REMARKS:**

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Telephone: 513-424-1141  
Fax 513-424-0520  
[www.nursescareinc.com](http://www.nursescareinc.com)

**WORK REFERENCE FORM**

Date: \_\_\_\_\_  
To: \_\_\_\_\_  
Re: \_\_\_\_\_ SS# \_\_\_\_\_

The above named person has applied to us for a position of \_\_\_\_\_  
And we would appreciate your assistance in providing the information requested below. Thank you.  
Signature \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Position(s) \_\_\_\_\_  
Salary \_\_\_\_\_  
Reason for termination of employment \_\_\_\_\_  
Eligible for rehire: Yes \_\_\_\_\_ No \_\_\_\_\_  
Please rate the applicant in the following areas:

|                                 | Above<br>Average | Average | Below<br>Average |
|---------------------------------|------------------|---------|------------------|
| Attendance and Punctuality      | _____            | _____   | _____            |
| Quality of Work                 | _____            | _____   | _____            |
| Motivation/Initiative           | _____            | _____   | _____            |
| Job Knowledge/Skills            | _____            | _____   | _____            |
| Willingness to Accept Direction | _____            | _____   | _____            |
| Cooperation with Others         | _____            | _____   | _____            |

Comments \_\_\_\_\_  
Signature/Title \_\_\_\_\_ Date \_\_\_\_\_

**I authorize Nurses Care, Inc. to conduct my former employers as they see fit in order to verify the facts and information furnished with regard to my qualifications. I hereby release any such employer or persons from any and all liability, whatever in nature, on account of furnishing such information. I will not hold Nurses Care, Inc. liable in any respect if I am not employed or employment is terminated as a result of any information obtained in the reference check.**

Signature \_\_\_\_\_ Date \_\_\_\_\_



**NURSES CARE, INC**  
**NEW HIRE EMPLOYEE SCREENINGS**

Dear prospective employee:\_\_\_\_\_

First we will check your references . Then our committee will meet to discuss hours and salary available. When a decision is reached, I will write or call you to discuss terms of employment.

Orientation begins at 9:00 A.M. on the day you are scheduled:\_\_\_\_\_.

Orientation will be in our Miamisburg office. Lunch will be provided if you are scheduled for the whole day in Miamisburg.

The orientation program for Home Health Aides is a full day until approximately 5:00 PM. For other disciplines, the times will be negotiated.

Not showing up on the day of orientation without phoning will be considered that you do not wish to be employed at this position.

On the orientation day:

1) We will do your fingerprinting for the mandatory State or F.B.I. background check

2) You will have a urine test done for drug testing. You may be asked to do this test prior to Orientation day.

Other items of documentation needed at orientation are: valid driver's license, Social security card or birth certificate, front page of your car insurance policy that shows you have liability insurance of \$100,000./person and \$300,000./per accident, and any other certificates (C.P.R. or C.N.A, or R.N.). If you have a recent T.B. test result and/or M.D. physical, please bring it or we will require new documentation the week of Orientation.

If you have any questions, please call the office in Miamisburg at (513) 424-1141. Or in Middletown at (513) 424-0536.Or the Fairfield office at (513) 829-5650.or the Montgomery office at (513) 791-0233

Thank You

NURSES CARE, INC.  
INTERVIEW QUESTIONNAIRE

APPLICANT NAME : \_\_\_\_\_ DATE : \_\_\_\_\_

1. Why are you interested in Home Health?
2. What Home Health experience have you had?
3. Describe the type of patients you have cared for recently. What types of care have you done?
4. What qualities do you feel you can give to this position?
5. On what areas of weakness would you need more orientation?
6. Are there any parts of the job description below that you cannot fulfill at this time?
  - 1) Do you have any previous involvement as a defendant in professional malpractice? Yes No
  - 2) Have you ever had your professional license revoked, suspended, or disciplinary action taken against you? Yes No
  - 3) Are you able to transfer up to 50 lbs? Yes No
  - 4) Are there any problems with pets? Yes No
  - 5) Do you have a valid Ohio Driver's License? Yes No
  - 6) Do you have your own reliable transportation? Yes No
  - 7) Do you have liability auto insurance of \$100,000/person, \$300,000/accident ? Yes No

Also For Home Health Aides:

- 1) Are you a high school graduate or G.E.D. ? Yes No
- 2) Are you certified as an Aide? Yes No

7. **Availability**

Monday through Friday \_\_\_\_\_

Saturday & Sunday \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Interviewer's signature \_\_\_\_\_ Date \_\_\_\_\_