

Columbus Office:

Affordable Home Health
 2760 Airport Dr., Bldg. C, Suite 160
 Columbus, OH 43219
 PH: 614.866.8158 FAX: 614.866.8160

Hearts and Hands Hospice

2760 Airport Dr., Bldg. C, Suite 160
 Columbus, OH 43219
 PH: 614.866.8158 FAX: 614.866.8160

**Cincinnati Office:**

Affordable Home Health
 4600 McAuley Place, Suite 150
 Cincinnati, OH 45242
 PH: 513.898.3375 FAX: 513.322.4757

Indiana Office:

Preferred Home Health
 6920 Parkdale Place, Suite 100
 Indianapolis, IN 46254
 PH: 317.245.7236 FAX: 317.245.7280

EMPLOYEE APPLICATION

Last Name	First	Middle	Maiden or Other Last Name(s):	
Street Address			Cell Phone:	
City, State, Zip			Home Phone:	
Have you ever applied for employment or been employed with us? Yes/No If Yes: Month and Year			Email	
Position Applying for:			Date available to begin work:	
Employment Preferred: Full Time Part Time PRN			Days and hours available:	
Referred by:			Can you travel if the position requires it?	
Other Special Training or Skills (certifications, languages, etc.)				
EDUCATIONAL BACKGROUND	Name and Location of School	Course of Study	Years Completed	Degree/Diploma
High School (or GED Equivalent)				
College(s)				
Business/Trade/Technical				
Did Not Graduate from High School				
Licenses, Registration, and Certificates (Be sure to include any valid driver's license or commercial driver's license, if required for the job)				
License/Certification Issued By:		Field/Trade Specialization:		
		License/Certification#:		
		Expires:		

Affordable Home Health Care, LLC DBA Summit Home Care complies with the Americans with Disabilities Act and considers reasonable accommodation measures that may be necessary for qualified applicants/employees to perform essential job functions. Affordable Home Health Care, LLC DBA Summit Home Care is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation. This application for employment will be considered for current openings only. Future consideration will depend on reapplication. An incomplete or incorrectly completed application will not be considered.

EMPLOYMENT HISTORY

List below ALL former employers, beginning with the most recent (explain gaps in employment and please use additional sheets of paper, if needed). Please include any other last names that were used at past employment. (Necessary for reference checks)

If a resume has been submitted with this information, please mark "See Resume," and skip this section.

Name of Employer	Telephone #:
Address:	Employment Date: (Month and Year) From: ____/____/____ to ____/____/____
Name of Supervisor:	Hourly/Salary: Start \$ _____ to \$ _____
Job Title and Description:	Reason for leaving
Name of Employer:	Telephone #:
Address:	Employment Date: (Month and Year) From: ____/____/____ to ____/____/____
Name of Supervisor:	Hourly/Salary: Start \$ _____ to \$ _____
Job Title and Description:	Reason for leaving
Name of Employer:	Telephone #:
Address:	Employment Date: (Month and Year) From: ____/____/____ to ____/____/____
Name of Supervisor:	Hourly/Salary: Start \$ _____ to \$ _____
Job Title and Description:	Reason for leaving

PROFESSIONAL REFERENCES

1.	Name:	Phone #:
		Email (preferred):
2.	Name:	Phone#:
		Email (preferred):

APPLICANT STATEMENT

Please read and initial each paragraph below. If there is anything that you do not understand, please ask.

_____ My signature authorizes Affordable Home Health Care, LLC. DBA Summit Home Care or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my employment positions, law enforcement record, driving record, and educational background. I hereby authorize all persons, companies, or other entities connected with any such informational request, including without limitations, current or prior employers and law enforcement agencies to provide any and all information they may have regarding me or my employment. I release and agree to indemnify Affordable Home Health Care, LLC. DBA Summit Home Care, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation any liability for furnishing information or for taking any action based on the information provided.

_____ I hereby certify that all responses set forth during my employment application process are true and complete. I understand and agree that any falsification, misrepresentation, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by AHHC, LLC. DBA Summit Home Care will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.

_____ I understand that a drug and/or alcohol screen may be required before and during my employment. In addition, I authorize a medical examination, including a drug and/or alcohol screen, by an examiner selected by AHHC, LLC. DBA Summit Home Care if I am made a contingent offer of employment. I release and agree to indemnify AHHC, LLC. DBA Summit Home Care, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any medical examination or drug/alcohol screen or for the taking of any action based on the results of any medical examination of drug/alcohol screen.

_____ I agree and consent that AHHC, LLC. DBA Summit Home Care may inspect any AHHC, LLC. DBA Summit Home Care property at any time for any reason, without notice. This property includes, without limitations, workstations, computers, offices, desks, lockers, voicemail, and filing cabinets. Additionally, I agree and consent that any personal items I bring AHHC, LLC. DBA Summit Home Care are subject to inspection at any time and for any reason, without prior notice.

_____ I certify that I am a citizen of the United States, or, if not, I can provide the required documentation permitting me to work in the United States.

_____ In consideration of AHHC, LLC. DBA Summit Home Care review of my application, I agree that any claim or lawsuit arising out of my application for employment with, my employment with or subsequent separation from AHHC, LLC. DBA Summit Home Care or any of its divisions must be filed no more than one hundred and eighty (180) calendar days after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims or actions arising out of an employment action may be longer than 180 calendar days, I agree to be bound by the 180-calendar day period of limitations set forth herein, and I waive any Statute of Limitations to the contrary. Should a court determine in some future lawsuit that this provision allows an unreasonably brief period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.

_____ I understand and agree if I am employed by AHHC, LLC. DBA Summit Home Care my employment is at-will so that I may terminate my employment at any time and for any or no reason. Likewise, AHHC, LLC. DBA Summit Home Care can terminate my employment at any time and for any or no reason. I also understand and agree that nothing is contained in AHHC, LLC. DBA Summit Home Care employment application or in the granting or conducting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or creates or is intended to constitute or to create a contract or promise between me and AHHC, LLC. DBA Summit Home Care for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that AHHC, LLC. DBA Summit Home Care may modify, revoke, suspend, terminate, or change any or all of its plans, policies, or benefits that have been made to me. I further understand and agree that no such promise or guarantee is

binding on AHHC, LLC. DBA Summit Home Care because no employee except Management has any authority to create an employment agreement binding on AHHC, LLC. DBA Summit Home Care differs from an employment-at-will relationship.

I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for immediate dismissal.

Applicant's Signature

Date

ADDENDUM TO EMPLOYMENT APPLICATION

A criminal history check is required for the position to which you are applying. Have you ever been convicted or plead guilty of a crime, felony, or misdemeanor? (Only those that are job related will be considered for employment and will not necessarily bar you from employment. We will take into account the nature of the offense and its relationship to the job.) Please list all convictions showing offenses and dates: _____

The Ohio Administrative Code (5123:2-.05) requires that home health care companies ascertain from applicants for employment that have not been convicted or plead guilty of the offenses listed below. Your signature below indicates that you have not committed nor plead guilty of:

Aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, failing to provide for a functionally impaired person, aggravated menacing, patient abuse and neglect, kidnapping, abduction, criminal child enticement, rape, sexual batter, unlawful sexual conduct with a minor, gross sexual imposition, importuning, voyeurism, public indecency, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented materials involving a minor, illegal use of minor in nudity-oriented material or performance, aggravated robbery, robbery, aggravated burglary, burglary, unlawful abortion, endangering children, contributing to the unruliness of delinquency of a child, domestic violence, carrying a concealed weapon, having weapons while under disability, improperly discharging a firearm at or into a habitation or school, corrupting others with drugs, trafficking in drugs, illegal manufacture of drugs of cultivation of marijuana, funding of drugs or marijuana trafficking, illegal administration or distribution of anabolic steroids, placing harmful objects in food or confections, child stealing, possession of drugs, or felonious sexual penetration.

I, _____ have read the contents of the addendum to my application for employment with Affordable Home Health Care, LLC. DBA Summit Home Care. I also understand that I am required by law to notify Affordable Home Health Care, LLC. DBA Summit Home Care within 14 days if I receive formal charges, convictions, or make a guilty plea to any one of the disqualifying offenses listed above.

I, _____ give Affordable Home Health Care, LLC. DBA Summit Home Care has the right to prosecute me if it is determined in a court of law that I have committed a crime during the hours of my duty with Affordable Home Health Care, LLC. DBA Summit Home Care is in accordance with the Declaration of Arrest and Convictions Statement Code of Federal Regulations. By signing this statement, I also give Affordable Home Health Care, LLC. DBA Summit Home Care has the right to request a police background investigation.

Signature of Employee or Applicant

Date

Print Name