



# COMMUNITY HEALTH PROFESSIONALS

1159 Westwood Drive, Van Wert, OH 45891 419-238-9223

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_ Email \_\_\_\_\_

Position applied for \_\_\_\_\_

Have you lived in Ohio for the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone (     ) \_\_\_\_\_

### **EDUCATION:**

High School \_\_\_\_\_ Grade Completed \_\_\_\_\_

College/University \_\_\_\_\_ Highest Degree \_\_\_\_\_

Major of Study \_\_\_\_\_

### **EXPERIENCE** - Please list last position first and use complete addresses:

1. COMPANY \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. COMPANY \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. COMPANY \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Do you have a criminal conviction? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Were you ever employed here? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you related to anyone employed here? \_\_\_\_\_ If yes, who? \_\_\_\_\_

### **REFERENCES** (please use complete addresses)

#### **PROFESSIONAL:**

1. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you known and in what capacity? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you known and in what capacity? \_\_\_\_\_

3. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you known and in what capacity? \_\_\_\_\_

**REFERENCES** (please use complete addresses)

**PERSONAL:**

1. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you known and in what capacity? \_\_\_\_\_
  
2. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you known and in what capacity? \_\_\_\_\_
  
3. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you known and in what capacity? \_\_\_\_\_
  
4. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you known and in what capacity? \_\_\_\_\_

\*\*\*\*\*

This **application** is considered current for **twelve months only**. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply.

The necessity of remaining flexible and the unique nature of our agency mandates that we remain free of any commitments made to individuals regarding employment status, therefore, this agency is an **Employment-at-Will**. The employment is not for a fixed or defined time period, regardless of the time and manner of payment of wages or the administration of any other condition of employment.

\*\*\*\*\*

I certify that all the information provided on the application or an attached resume is true, correct, and complete. Any misrepresentation or omission may be grounds for discharge from employment. I authorize this agency to check and verify all information on the application and fully release this agency from any liability resulting from the verification process. I authorize my former employers and any other persons or organizations to provide current and accurate information about my background, and I release all concerned from any liability in connection therewith.

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

Signature: \_\_\_\_\_

**TO BE COMPLETED BY INTERVIEWER:**

Date Interviewed \_\_\_\_\_ By Whom \_\_\_\_\_  
Position \_\_\_\_\_ Office \_\_\_\_\_  
Starting Wages \_\_\_\_\_ Date to Start Work \_\_\_\_\_  
Days per week \_\_\_\_\_  
Remarks: \_\_\_\_\_

I have verified with the Ohio Nurse Aide Registry at 800/582-5908, #3 that the above employee:  
\_\_\_\_ is NOT list on the Ohio Nurse Aide Registry  
\_\_\_\_ IS LISTED on the Registry (from \_\_\_\_\_ to \_\_\_\_\_)  
I have verified with the Abuse Registry at [www.odmrdd.state.oh.us](http://www.odmrdd.state.oh.us) that the above employee:  
\_\_\_\_ IS NOT listed on the Abuse Registry.  
\_\_\_\_ IS LISTED on the Abuse Registry.



## CONDITIONS FOR EMPLOYMENT

### MUST MEET CONDITIONS OF EMPLOYMENT FOR ACTIVE EMPLOYMENT....

1. Must be reliable, prompt, dependable, and be able to work independently.
2. Must be able to relate with and communicate well with people by reading, observing, speaking, and writing competently.
3. Must maintain high standards of personal hygiene and appearance.
4. Must respect personal property, hold information in confidence and not discuss patient/clients with or in front of other patients/clients.
5. Will have an active telephone, pager, or emergency number available. Cell phones should be put on vibrate mode while at the work place or patient/client home and receive no personal phone calls unless emergency calls.
6. Must be willing to engage in any training suggested by the agency and maintain required credentials.
7. Must be flexible in order to accommodate the scheduling needs of the patient/client.
8. Will not work privately for patient/client or recruit to another agency while currently employed and for a period of two years following termination.
9. Will not work for two different agencies in the same client's home unless approved by supervisor.
10. Is not permitted in the home unless the patient/client is at home.
11. Will keep the relationship between patient/client/family professional and not discuss personal issues.
12. Will not get involved in the patient/client's financial affairs including writing checks, banking, etc.
13. Will not accept gifts or money from the patient/client or solicit personal property items or sell anything including fundraising products.
14. Will submit to pre-employment, random, suspicion or post accident drug/alcohol testing.
15. Will present a statement from family physician that applicant is physically capable of performing job they have applied for and are free of communicable diseases.
16. If operating a vehicle for employment will hold current Ohio driver's license and have a dependable, insured car. (\$100,000 per person/\$300,000 per accident bodily injury). Will provide verification of auto insurance as indicated for the position and notify agency if driver's license becomes suspended or revoked; which would classify employee as inactive. It will be the responsibility of the employee to verify coverage regarding transporting clients.
17. If providing care to patients/clients, will receive an initial 2-Step Mantoux test (if prior positive reaction, must have a chest X-ray and physician statement that applicant is free of communicable diseases).
18. If providing care to older adults and/or children, will complete a criminal check and will notify employer no later than 14 calendar days of any charges, convictions or guilty pleas. Will provide proof of five-year residence in Ohio (examples: rent, mortgage, electric or gas statement, telephone record, school records, etc.) or will need to complete both the civilian background check along with the Federal background check.

- 19. If providing care to patient/client, will complete verification of abuse registry prior to employment and annually thereafter.
- 20. Will hold a current Ohio professional license (if applicable).

I have been provided an opportunity to ask questions related to the above conditions and I agree to the employment requirements and do understand that my employment is contingent on the results. If I elect NOT to participate I further understand that I am not eligible for employment.

Date\_\_\_\_\_

Signature\_\_\_\_\_

Applicant

cc: available upon request

revised 060111