



Aging in Place Home Health Care, LLC

1-614-296-4889

1-740-858-7270

www.AginginPlaceHHA.com

Applicant Name: _____ **Today's Date** _____

Last

First

Middle

_____ Social Security #

_____ Date of Birth

_____ Home Telephone

_____ Cell Phone

_____ Current Address:

_____ Street

_____ City

_____ State

_____ Zip Code

_____ Previous Address (If less than 3 years)

_____ Street

_____ City

_____ State

_____ Zip Code

_____ Position of Interest

_____ Salary Desired Per Hour

_____ How did you hear of this position?

Education

Date	School/Location	Degree Type	Course of Study

Current Licensures, Certification, or Registrations

License/Certification Type and State	License/Certification Number	Expiration Date

_____ CPR Expiration Date

_____ Date of last TB Skin test or Chest X-Ray

References (Must include three unrelated references with phone numbers)

Name	Phone Number	Number of Years Known	Title	Address	How are you acquainted?

Work Experience

 Current Employer Name Supervisor Name Phone Number Dates employed To/From

 Company Address Job Title Salary May we contact? Yes or No, if no, why?

 Employed under another name? Reason for leaving?

 Job Duties, Accomplishments, Recognitions

 Previous Employer Supervisor Name Phone Number Dates employed To/From

 Company Address Job Title Salary May we contact? Yes or No, if no, why?

 Employed under another name? Reason for leaving?

 Job Duties, Accomplishments, Recognitions

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Job Duties, Accomplishments, Recognitions

Have you ever been convicted of a crime or a felony? If Yes, explain nature of crime, date, and any other information that is relevant. _____

Are you legally allowed to work in the U.S. _____ Yes _____ No
Are you able to perform the job duties without an accommodation? _____ Yes
_____ No. If no, explain. _____

Applicant Acknowledgment

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.

I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

In consideration for my employment, I agree to abide by the rules and regulations of the company, which rules may be changed, withdrawn, added or interpreted at any time, at the company's sole option and without prior notice to me.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

I hereby acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was signed.

Signature Date

Aging In Place Home Health Care, LLC is an Equal Opportunity Employer. Executive Order 11246, as amended, prohibits job discrimination on the basis of race, color, religion, sex or national origin, and requires affirmative action to ensure equality of opportunity in all aspects of employment.

INDIVIDUALS WITH DISABILITIES Section 503 of the Rehabilitation Act of 1973, as amended, protects qualified individuals from discrimination on the basis of disability in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment. Disability discrimination includes not making reasonable accommodation to the known physical or mental limitations of an otherwise qualified individual with a disability who is an applicant or employee, barring undue hardship. Section 503 also requires that Federal contractors take affirmative action to employ and advance in employment qualified individuals with disabilities at all levels of employment, including the executive level.

The Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, prohibits job discrimination and requires affirmative action to employ and advance in employment disabled veterans, recently separated veterans (within three years of discharge or release from active duty), other protected veterans (veterans who served during a war or in a campaign or expedition for which a campaign badge has been authorized), and Armed Forces service medal veterans (veterans who, while on active duty, participated in a U.S. military operation for which an Armed Forces service medal was awarded).

Retaliation is prohibited against a person who files a complaint of discrimination, participates in an OFCCP proceeding, or otherwise opposes discrimination under these Federal laws.

Any person who believes a contractor has violated its nondiscrimination or affirmative action obligations under the authorities above should contact immediately:

The Office of Federal Contract Compliance Programs (OFCCP), U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210, 1-800-397-6251 (toll-free) or (202) 693-1337 (TTY). OFCCP may also be contacted by e-mail at OFCCP-Public@dol.gov, or by calling an OFCCP regional or district office, listed in most telephone directories under U.S. Government, Department of Labor.