



EMPLOYMENT APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip

Home Phone: () _____ Business Phone: () _____

Date Available: _____ Social Security No: _____ Desired Salary: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever applied with us before? YES NO If so, when and where? _____

Have you ever been bonded? YES NO If yes, with what employers? _____

Are you available for full time work? YES NO If no, what hours can you work? _____

Will you work overtime if asked? YES NO

Have you been convicted of any crimes in the past 10 years, excluding misdemeanors and summary offenses, which haven't been annulled, expunged, or sealed by a court? YES NO If yes, describe in full. _____

Education

School	Name and Location	Course of Study	No. of Years	Graduate	Degree
Graduate				Yes <input type="checkbox"/> No <input type="checkbox"/>	
College				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Trade/Technical				Yes <input type="checkbox"/> No <input type="checkbox"/>	
High School				Yes <input type="checkbox"/> No <input type="checkbox"/>	

References

Please list your personal references

Full Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	
Full Name: _____	Title: _____
Company: _____	Phone: _____
Address: _____	

Employment

If you are applying for a direct care staff position you must have at least 1 year of verifiable supervised experience or required training.

Company: _____	Phone: _____
Address: _____	Employed From: _____ To: _____
Supervisor: _____	Weekly pay Start: _____ Last: _____
Job title and work description: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: _____	Phone: _____
Address: _____	Employed From: _____ To: _____
Supervisor: _____	Weekly pay Start: _____ Last: _____
Job title and work description: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: _____	Phone: _____
Address: _____	Employed From: _____ To: _____
Supervisor: _____	Weekly pay Start: _____ Last: _____
Job title and work description: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Company: _____	Phone: _____
Address: _____	Employed From: _____ To: _____
Supervisor: _____	Weekly pay Start: _____ Last: _____
Job title and work description: _____	Reason for leaving: _____
May we contact this employer for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Military Service

Did you serve in the U.S. Armed Forces? Yes No

Branch: _____ From: _____ To: _____
Rank at discharge: _____ Type of discharge: _____
If other than honorable, explain: _____

Division

Please check the division that you are applying for

- Direct Care of Elderly
- Hospice

Additional Information

Membership in professional and civic organizations, special accomplishments, awards, special training, skills, etc.

Disclaimer and Signature

Please read and understand this statement before signing your application.

The information I have provided in this Application for Employment is true, correct and complete. False incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand I may resign at any time, and the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one other than an executive officer of the employer, has authority to enter into an employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

I fully understand and accept all terms and conditions in the above statement.

Date

Signature

Please send completed application to the appropriate Community Caregivers location as listed on our website.



Heartfelt Cares
HOME HEALTH

RELEASE OF INFORMATION- OHIO RESIDENCY VERIFICATION
FELONY CONVICTION DISCLAIMER

In compliance with Public Law 93-380 Family Educational Rights and Privacy Act of 1974, records of transcripts, employment, etc for reference may be released to Heartfelt Cares, LLC.

Signature

Date

In compliance with Senate Bill 160, Heartfelt Cares, LLC is required to complete a criminal background check on each applicant through the Bureau of Criminal Investigation and Identification and the Federal Bureau of Investigation when necessary. In order to process the criminal investigation, verification of Ohio residency must be obtained. Therefore, please complete the following statements and sign below.

I have_____/have not____ been a resident of the state of Ohio for five year continuous period prior to the date signed below.

Signature

Date

Have you ever been convicted of a misdemeanor? Yes____ No____

Have you ever been convicted of a felony? Yes____ No____

*All direct care staff are conditionally hired based on the results of an Ohio BCII background check.



Heartfelt Cares
HOME HEALTH

REFERENCE CHECK FORM

The applicant whose signature appears below has listed your agency as an employment reference. Please complete the following information at the request of the applicant and return entire form via fax to 330-836-2081 or mail to:

Heartfelt Cares, LLC
66 S. Miller Rd. Ste 200
Fairlawn, Ohio 44333
330-836-8585

In compliance with Public Law 93-380 Family Educations Right Act of 1974, records of transcripts, employment, etc. for reference may be released to Heartfelt Cares, LLC.

Signature _____
Date

EMPLOYER SECTION

Dates of Employment _____ Eligible for rehire? _____

Position Held _____

Basic Description of Duties _____

Employer Name _____

By: _____

Signature

Title



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Signature _____
Date

PERSONAL REFERENCE

How long have you known the applicant: _____

Applicant Strengths: _____

Applicant Weaknesses: _____

Additional Information about Applicant: _____

Reference Name: _____

By: _____

Signature

Title



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HOME HEALTH

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Signature

Title



Heartfelt Cares
HOME HEALTH

CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, _____, as an employee of Heartfelt Cares, LLC hereby acknowledge that the Company's Drug Free Workplace Policy requires me to submit to a urine drug testing and/or alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, agree to participate in the testing program.

I hereby and herewith release the company, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I further acknowledge that the company has provided me with the opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature _____

Employee/Applicant Printed Name _____

Signature of Witness _____

Printed Name of Witness _____

Date of Signature _____