|  |  |  |
| --- | --- | --- |
| HHHC Logo | New Absolute Logo | Stacked Logo |
| **Corporate Office:**  410 Corporate Center Drive  Vandalia, OH 45377  937.264.3155 | **North Office:**  423 N. Wayne Street  Piqua, OH 45356  937.606.2713 | **South Office:**  445 Byers Road  Miamisburg, OH 45342  937.886.4677 |

**APPLICATION FOR EMPLOYMENT**

**PERSONAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date: |  | | Full Name: |  |
| SSN: |  | | Address: |  |
|  | | | | City:       State:       Zip: |
| Phone: | |  | Email: |  |

**EMPLOYMENT DESIRED**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position: |  | | | | Wage Desired: |  | | |
| Are you employed now? | | Yes  No | | | May we contact your present employer? | | Yes  No | |
| Date you are available to begin working: | | |  | | | | |
| Have you previously worked in health care? | | | | Yes  No | | | | |

**EDUCATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SCHOOL NAME  CITY, STATE | YEARS ATTENDED | GRADUATE  YES/NO | MAJOR SUBJECTS |
| High School |  |  |  |  |
| College |  |  |  |  |
| Other |  |  |  |  |

**MISCELLANEOUS INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you at least 18 years of age? | | | | | | | | Yes  No | |
| Have you previously applied for employment with any Horizon Health Network company? | | | | | | | | Yes  No | |
| If yes (Month/Year): | | | | | | | | / | |
| Have you previously been employed by any Horizon Health Network company? | | | | | | | | Yes  No | |
| If yes, Dates of Employment (Month/Year) | | | | | | /       to       / | | | |
| Do you have any relatives employed by any Horizon Health Network company? | | | | | | | | Yes  No | |
| If so, please list names: | |  | | | | | | | |
| Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status? | | | | | | | | Yes  No | |
| Licenses or Certifications | | |  | | | | | | |
| Special Skills | | |  | | | | | | |
| Special Training | | |  | | | | | | |
| CPR Certified | Yes  No | | | First Aid Certification | Yes  No | Mantoux Current? | | | Yes  No |
| Activities: Professional, Civic, Athletic, etc. | | |  | | | | | | |
| U.S. Military Service | | |  | | | Rank |  | | |
| Present member of National Guard or Reserves? | | | | | | | | Yes  No | |

**REFERENCES**

Provide below the names of three (3) persons, not related to you, whom you have known at least one year, and we may contact for a personal reference.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Email | Phone | Years Known |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date |  |

(electronic signature confirm accuracy of above information)

**FORMER EMPLOYERS**

List below your last three (3) employers, beginning with you present employer.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Present or Last Employer | |  | | | |
| Address |  | | | | |
| Phone |  | | Dates of Employment | /       to       / | |
| Job Title |  | | | Hourly Wage or Annual Salary |  |
| Name of your Supervisor | |  | | | |
| Your duties and responsibilities | |  | | | |
| Reason for leaving | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name Past Employer | |  | | | |
| Address |  | | | | |
| Phone |  | | Dates of Employment | /       to       / | |
| Job Title |  | | | Hourly Wage or Annual Salary |  |
| Name of your Supervisor | |  | | | |
| Your duties and responsibilities | |  | | | |
| Reason for leaving | |  | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name Past Employer | |  | | | |
| Address |  | | | | |
| Phone |  | | Dates of Employment | /       to       / | |
| Job Title |  | | | Hourly Wage or Annual Salary |  |
| Name of your Supervisor | |  | | | |
| Your duties and responsibilities | |  | | | |
| Reason for leaving | |  | | | |

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the rules and regulations of horizon home healthcare, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at either my option or the option of horizon health network.

I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by horizon health network. I understand that no one, other than the administrator or his/her appointed representative, and then only in writing and signed by the administrator, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations and organizations for furnishing such information about me.

I authorize and request all local, municipal, city, county, state, and federal police/law enforcement authorities to furnish any information that may be sought regarding convictions and motor vehicle moving violations; and I release all parties from any liability for damages which may result from furnishing such information and waive any privileges involved.

I understand that the employer does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that if I am hired, horizon home healthcare, absolute homecare and horizon primary care are required by law to require me to provide proof of identity and to provide proof of legal authority to work by the completion of an I-9 form.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand, and accept all terms of the above applicant statement.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature |  | Date |  |

(electronic signature confirms accuracy of above information)

**AVAILABILITY**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Full Name: |  |
| Home Phone: |  | Cell Phone: |  |
| Email: |  | | |

**AREAS PREFERRED** (please check)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Corporate Office |  | North Office |  | South Office |  |  |  |
| Vandalia |  | North Dayton |  | Centerville |  | Montgomery |  | Greene |  |
| Tipp City |  | Central Dayton |  | Huber Heights |  | Clinton |  | Mercer |  |
| Troy |  | East Dayton |  | Fairborn |  | Clermont |  | Preble |  |
| Piqua |  | West Dayton |  | Bellbrook |  | Butler |  | Logan |  |
| Sidney |  | Moraine |  | Beavercreek |  | Warren |  | Champaign |  |
| Greenville |  | Germantown |  | Trotwood |  | Miami |  | Hamilton |  |
| Brookville |  | Miamisburg |  | Xenia |  | Darke |  | Clark |  |
| Englewood |  | Kettering |  | Union |  | Auglaize |  | Shelby |  |
| Urbana |  | Cincinnati |  | Franklin |  | Springboro |  |  |  |

**SPECIFIC DAYS AND TIMES OF AVAILABILITY** (field staff only)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Monday |  | to |  | Comments |  |
| Tuesday |  | to |  |  | |
| Wednesday |  | to |  |  | |
| Thursday |  | to |  |  | |
| Friday |  | to |  |  | |
| Saturday |  | to |  |  | |
| Sunday |  | to |  |  | |

|  |  |
| --- | --- |
| Preferred number of hours per week: |  |

**If your telephone number changes, please notify the office immediately.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant Signature |  | Date |  | |
| Additional Comments: |  | | |