Continue Care Home Health and Hospice
Home Health Care Services, Inc.

APPLICATION FOR EMPLOYMENT

Continue Care Home Health and Hospice complies with all applicable federal and state laws prohibiting discrimination in hiring or employment practices on the basis of citizenship, race, color, religion, gender, age, national and ethnic origin, disability, or veteran status. No question or item on this application for employment is intended to secure information to be used for such discrimination. Information obtained through this application will be used solely to determine qualifications and suitability for employment. This application will remain active for a period of 90 days from the date of completion. Continue Care Home Health and Hospice only accepts applications for vacant positions for which you are applying.

PLEASE PRINT ALL INFORMATION

Date of Application _____/_____/_____ Date Available for Employment _____/_____/_____

Position(s) Applied for:

1) _____ ☐ Full Time ☐ Part Time Salary Desired:_____

2) _____ ☐ Full Time ☐ Part Time Salary Desired:_____

Name _____
Last First Middle

Address _____
Street Apt. No.

_____
City State Zip Code

Social Security _____-_____-_____ Email Address _____

Phone: (_____) _____ (_____) _____
Area Code Day Time Phone Area Code Day Time Phone

Print other names under which you have worked (e.g. maiden name) _____

Have you ever been employed Continue Care Home Health and Hospice or affiliates? ☐ Yes ☐ No

If "Yes", for which agency or company did you work? _____ Approximate Dates _____

How were you referred to Continue Care Home Health and Hospice?

☐ Newspaper ☐ Professional Journal ☐ Reputation of Continue Care Home Health and Hospice

☐ Career Day/Job Fair ☐ Professional Website ☐ Other _____

☐ Job Line ☐ Direct Mail Piece ☐ Friend/relative/current Continue Care Employee
Employee Name:_____

Equal Opportunity Employer

EMPLOYMENT ELIGIBILITY INFORMATION

Employees will be required to provide legal proof of their eligibility for employment under the Immigration Reform and Control Act of 1986.

If you are under 18, do you have a work permit? ☐ N/A ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Type of Authorization _____ Document Number _____ Expiration Date _____

Continue Care requires appropriate attendance on your scheduled workday. Can you meet this attendance requirement? ☐ Yes ☐ No

Continue Care and their agencies adhere to a smoke-free work place. If hired, will you comply with this policy? ☐ Yes ☐ No

Have you ever had your professional license, registration or certificate investigated or disciplined by any board or governing body? If "Yes", please explain in detail. Use additional sheets if necessary. ☐ N/A ☐ Yes ☐ No

Have you ever been designated by any board or governing body as an excluded provider for any government reimbursement program? If "Yes", please explain. ☐ Yes ☐ No

Have you ever been terminated or asked to resign from any job? If "Yes", please explain. ☐ Yes ☐ No

NOTE: A "Yes" answer does not necessarily disqualify you from employment with Continue Care Home Health and Hospice.

Have you ever plead guilty or been convicted of, or received probation, or probation with alternative sentence for any crime (misdemeanors or felonies), excluding minor traffic violations? If Yes, provide full details of each, including the date and specifics of the events leading to the charge and the final disposition of the matter. Use additional sheets if necessary. ☐ Yes ☐ No

Offense(s) _____ Date _____ City, State _____ Sentence or Penalty _____

EDUCATION AND TRAINING

	School/City and State	Major	# Years	Degree/Diploma
High School/GED				
Undergraduate College/University				
Undergraduate College/University				
Graduate School				
Technical School				

EMPLOYMENT HISTORY

Please list previous employment and provide all requested information. Begin with your most recent job and do not omit any employment information. You must explain all gaps in employment. (Use additional sheet if necessary.)

May we contact your current employer? ☐ **Yes** ☐ **No**

Name of Employer:______________________________ Job Title:______________________________

Address:______________________________ Supervisor:______________________________

______________________________ ☐ Full-time ☐ Part-time ☐ PRN

Phone: (________) ______________________________ Job Responsibilities:______________________________

Employed from: ______/______/______ to ______/______/______ ______________________________

Ending Salary: ______________________________ ______________________________

Reason for Leaving:______________________________ ______________________________

Name of Employer:______________________________ Job Title:______________________________

Address:______________________________ Supervisor:______________________________

______________________________ ☐ Full-time ☐ Part-time ☐ PRN

Phone: (________) ______________________________ Job Responsibilities:______________________________

Employed from: ______/______/______ to ______/______/______ ______________________________

Ending Salary: ______________________________ ______________________________

Reason for Leaving:______________________________ ______________________________

Name of Employer:______________________________ Job Title:______________________________

Address:______________________________ Supervisor:______________________________

______________________________ ☐ Full-time ☐ Part-time ☐ PRN

Phone: (________) ______________________________ Job Responsibilities:______________________________

Employed from: ______/______/______ to ______/______/______ ______________________________

Ending Salary: ______________________________ ______________________________

Reason for Leaving:______________________________ ______________________________

Name of Employer:______________________________ Job Title:______________________________

Address:______________________________ Supervisor:______________________________

______________________________ ☐ Full-time ☐ Part-time ☐ PRN

Phone: (________) ______________________________ Job Responsibilities:______________________________

Employed from: ______/______/______ to ______/______/______ ______________________________

Ending Salary: ______________________________ ______________________________

Reason for Leaving:______________________________ ______________________________

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers who have known you for at least five (5) years.

1. _____

2. _____

3. _____

CLINICAL SKILLS / KNOWLEDGE

PROFESSIONAL CREDENTIALS

License held: _____ (Type of License) _____ (State) _____ (Number) _____ (Expiration Date)

Registration held: _____ (Type of Registration) _____ (State) _____ (Number) _____ (Expiration Date)

Certification held: _____ (Type of Certification) _____ (State) _____ (Number) _____ (Expiration Date)

SPECIAL SKILLS / KNOWLEDGE

☐ Accounting ☐ Accounts Payable ☐ Accounts Receivable ☐ Management

☐ Medical Reimbursement ☐ Medical Terminology ☐ Supervision ☐ Data Entry

☐ Software applications used: _____

☐ Other skills or knowledge: _____

Can you speak, read or write any language other than English? ☐ Yes ☐ No

Speak _____ Read _____ Write _____

APPLICANT STATEMENT

I verify that the information I have provided in this application (an accompanying resume, if any) is true and complete to the best of my knowledge. I understand that any falsified, misrepresented, incomplete or omitted information may disqualify me from consideration for employment or result in my dismissal from employment when discovered.

I understand that nothing contained in this employment application, or in granting an interview, is intended to create an expressed or implied contract between Continue Care Home Health and Hospice and me. No promises regarding my employment or duration of employment have been made to me.

I understand that any offer of employment will be conditional on successful completion of a number of pre-employment requirements, including if applicable a pre-employment drug screening, a health statement (post-offer), verification of credentials and experience, attendance at a general orientation program and any other requirements specified by Continue Care Home Health and Hospice. I understand that if any employment relationship is established, either Continue Care Home Health and Hospice or I have the right to terminate the relationship at any time for any reason consistent with company policy.

By submitting this application, I authorize Continue Care Home Health and Hospice or their representatives to investigate and verify any and all of the information contained in the employment application, including criminal background and inquiry into the OIG (Office of Inspector General) sanction list. I also authorize all previous employers, schools, organizations and individuals listed herein to verify any and all information I have provided and to give any additional information in response to reference questions intended to determine my suitability for employment. I hereby release all investigators, previous employers, schools, organizations, individuals and Continue Care Home Health and Hospice from any liability for providing or receiving such information.

Signature: _____ Date: _____

Equal Opportunity Employer