

COMFORT HOME HEALTH, LLC

TO: ALL EMPLOYMENT APPLICANTS
FROM: CHH HUMAN RESOURCES
RE: EMPLOYMENT PROCESSING ITEMS

ONCE YOU HAVE BEEN OFFERED A POSITION WITH COMFORT HOME HEALTH, PLEASE PROVIDE THE FOLLOWING ITEMS IN ORDER TO EXPEDITE YOUR EMPLOYMENT APPLICATION.

1. DRIVERS LICENSE
2. SOCIAL SECURITY CARD OR BIRTH CERTIFICATE
3. COPY OF PROFESSIONAL LICENSE OR HHA CERTIFICATE
4. COPY OF PHYSICAL, WITHIN THE LAST 6 MONTHS. (WE WILL PROVIDE YOU WITH A FORM TO HAVE COMPLETED, IF YOU DO NOT HAVE A CURRENT PHYSICAL. THIS MUST BE SIGNED BY A PHYSICIAN.)
5. PROOF OF CURRENT AUTOMOBILE INSURANCE
6. TWO TB (MANTOUX) TESTS WITHIN THE PAST 12 MONTHS OF YOUR HIRE DATE. (ONE MUST BE WITHIN 30 DAYS OF PATIENT CONTACT.) IF NOT AVAILABLE, YOU HAVE THE OPTION OF GOING TO THE DEPARTMENT OF HEALTH TO OBTAIN
7. CURRENT CPR CERTIFICATION
8. DIPLOMA

YOUR PROMPT ATTENTION IS APPRECIATED.

APPLICATION FOR EMPLOYMENT

EDUCATION:

School Name College:	Location of School	Course of Study	Years of	Degree/Diploma
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Vo-Tech or Trade:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
High School:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Employment:

--List the last five years employment history, starting with the most recent employer.

1. Company Name: _____ Telephone: _____
 Address: _____ Dates of Employment: _____
 _____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
 Job Title and Describe your work: _____ Reason for leaving: _____

2. Company Name: _____ Telephone: _____
 Address: _____ Dates of Employment: _____
 _____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
 Job Title and Describe your work: _____ Reason for leaving: _____

3. Company Name: _____ Telephone: _____
 Address: _____ Dates of Employment: _____
 _____ From _____ To _____

City _____ State _____ Zip Code _____ Starting Pay: _____
 Job Title and Describe your work: _____ Reason for leaving: _____

APPLICATION FOR EMPLOYMENT

List all names that you have been known as, past and present as an adult: _____

Are you currently employed? YES _____ NO _____

Do you have reliable transportation? YES _____ NO _____

Have you lived outside the State on Indiana in the past two (2) years? YES ____ NO ____

If YES, please provide address: _____

PROFESSIONAL REFERNCES

Persons who can furnish information about job performance

1. Name: _____ Phone: _____
Address: _____

2. Name: _____ Phone: _____
Address: _____

3. Name: _____ Phone: _____
Address: _____

GENERAL

Have you ever been arrested for or convicted of a crime that has not been expunged by a court in the past five years? YES _____ NO _____

Conviction will not necessarily disqualify an applicant from employment.

If YES, describe in full:

Are you capable of performing the job set forth in the job description?

YES _____ NO _____

If you answered NO, which job requirement can you not meet?

APPLICATION FOR EMPLOYMENT

CREDENTIALS / SPECIALIZED SKILLS & QUALIFICATION / EQUIPMENT OPERATED

List all states in which registered and/or licensed giving license number and expiration dates. Summarize special job related skills and qualifications acquired from employment or other experiences.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on the application SHALL BE GROUNDS FOR DISMISSAL

I authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employers and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

SIGNATURE: _____ DATE: _____