

Healthcare Staff Management, LLC

Application for Employment

PLEASE PRINT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a Human Resource representative.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # (____) _____ - _____ Mobile/Beeper/Other # (____) _____ - _____ E-mail Address _____

Referral Source (How did you hear about us?) _____

Are you 18 years old or older? Yes No Have you lived in Ohio for at least 5 years? Yes No

Have you ever been employed here before? If **yes**, give dates and positions _____ Yes No

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____ What is your desired wage range? \$ _____

Type of employment desired Full-Time Part-Time Temporary

Drivers license number if driving may be required in position for which you are applying _____ State _____

Answering "yes" to the following questions does not constitute an automatic bar to employment. Factors such as date of the offenses, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If **yes**, please provide date(s) and details _____

Employment History

Starting with your **most recent employer**, provide the following information.

| | | |
|--|---|--|
| Employer | Telephone # (____) _____ | Date employed: Month / Year to Month / Year |
| Street address | City State | (Start) <input type="checkbox"/> Salary <input type="checkbox"/> Hourly \$ |
| Starting job title/final job title | | Commission/Bonus/Other Compensation \$ |
| Immediate supervisor and title (for most recent position held) | May we contact for reference <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later | (End) <input type="checkbox"/> Salary <input type="checkbox"/> Hourly \$ |
| Why did you leave? | | Commission/Bonus/Other Compensation \$ |

Summarize the type of work performed and responsibilities.

What did you like most about your position?

What were the things you liked least about your position?

| | | |
|--|---|--|
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| Street address | City State | (Start) <input type="checkbox"/> Salary <input type="checkbox"/> Hourly \$ |
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| Why did you leave? | | Commission/Bonus/Other Compensation \$ |
| Summarize the type of work performed and responsibilities. | | |
| What did you like most about your position? | | |
| What were the things you liked least about your position? | | |

Skills and Qualifications

Summarize any specific training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying.

Computer Skills (Check appropriate boxes, Include software, titles and years of experience.)

| | | | |
|--|--------------|---|--------------|
| <input type="checkbox"/> Word Processing _____ | Years: _____ | <input type="checkbox"/> E-mail _____ | Years: _____ |
| <input type="checkbox"/> Spreadsheet _____ | Years: _____ | <input type="checkbox"/> Internet _____ | Years: _____ |
| <input type="checkbox"/> Presentation _____ | Years: _____ | <input type="checkbox"/> Other _____ | Years: _____ |

Educational Background

Starting with your most recent school attended, provide the following information:

| School (include City and State) | Years Completed | Completed | Major/Minor |
|---------------------------------|-----------------|--|-------------|
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | |
| | | <input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____ | |

References

List the name and telephone number of **three business, work, or school references** who are **NOT related to you** and can comment on your work ethics, professional behavior, attendance, attitude, etc.

| Name | Title | Relationship to You | Telephone | # of Years Known |
|------|-------|---------------------|-----------|------------------|
| | | | () | |
| | | | () | |
| | | | () | |

Healthcare Staff Management, LLC
Interview Questions

Applicant Name: _____

Date: _____

Please answer ALL questions.

1. How did you hear about our company? _____

2. How would you describe yourself in one word? _____

3. What do you feel is your best quality? _____

4. How do you use this quality to your advantage at work?

5. What do you feel is your worst quality? _____

6. If we called your present/most recent employer, what would he/she tell me about you?

7. Did you give notice when you left your most recent job? If no, why?

8. What kind of problems have you had with attendance in the past?

9. Why do you want to work here? _____

10. We have a strict non-smoking policy, especially when it comes to a client's home. Will this create a problem for you? _____

11. What shift do you currently work/prefer? _____

12. Would you have a problem working extra if needed? Why?

Please return this preliminary application via one of the following methods:

Fax: 330-420-9821

Email: info@homedeliveryhealthcare.com

Mail to: HDHC, PO Box 487, Lisbon OH 44432-0487

Thank you for your application!