

# Servant's Heart Home Health Services

# **Application For Employment – Home Health Aides**

1714 Dividend Dr, Logansport, IN 46947   4101 S Dixon Rd, Kokomo, IN 46902   866-739-1776   www.servantsheartservices.com													
Full-time     Wage Desired     Pe		Pos	Position(s) Sought:										
Part-time					] HHA CNA Cther:								
General Information													
Last N	lame					First Name					Middle Name		
Addre	Address     Home Phone     Cell/Other Phone							none					
City	City State Zip Code Email Address												
Social	Security	Number			Driver	's License Number	(If Ap	olicable	e)	Da	ate Issued		
Are yo	Are you legally eligible to accept employment in the United States? When are you available to start work?												
What	days are <u>y</u>	you avai	lable to work	? Als	o include the h	ours that you are a	availab	le to w	ork for	r each day.			
	Sunday	Hours:			Tuesday	Hours:		Thurs	sday	Hours:	🗌 Sat	urday	Hours:
	Monday	Hours:			Wednesday	Hours:		Frida	y	Hours:			
						Educa	ation						
Hig		;	ge, and/or o attended. vith most red		nstitutions	Field of St	udies/	Major/I	Minor	D	egree/Diploma/ Certificate	,	Date obtained or expected
						Background	Inform	nation					
Since our employees may have direct contact with our clients, please provide the following information regarding any criminal history. A conviction will not necessarily disqualify an applicant from employment.													
Have you ever been <b>charged</b> with a crime? If you answered "Yes" to this question, please provide more information below.													
	No Yes, how many charges: If you answered "No", please skip ahead to Work Experience.												
Have you ever been <b>convicted</b> of a crime? INO Yes, how many convictions:													
Describe your charges and convictions, beginning with the most recent.													
Nature	e of the O	ffense								Were yo	u convicted?	Yea	ar of the charge
What rehabilitation have you undergone?													
Nature	Nature of the Offense     Were you convicted?     Year of the charge							ar of the charge					
What rehabilitation have you undergone?													
Nature	Nature of the Offense     Were you convicted?     Year of the charge												
What	What rehabilitation have you undergone?												

		Work Ex	perience					
1	Describe all work e	experience (paid a	nd unpaid) starting wit	th most recent.				
Position	Name of Company	y/Employer	Phone		Part-time			
					(# of hours/wk )			
Supervisor's Name	Dates Employed		Wages Earned	d	Full-time			
					Internship			
Duties		Reason(s) for Lea	aving		Volunteer			
					Other: (specify)			
Position	Name of Company	y/Employer	Phone		Part-time			
					(# of hours/wk )			
Supervisor's Name	Dates Employed	Wages Earned			Full-time			
		-,			Internship			
Duties		Reason(s) for Lea	aving					
					Other: (specify)			
Position	Name of Company	y/Employer	Phone		Part-time			
					(# of hours/wk )			
Supervisor's Name	Dates Employed		Wages Earned	3	Full-time			
Dution					<ul> <li>Internship</li> <li>Volunteer</li> </ul>			
Duties		Reason(s) for Lea	aving		Other: (specify)			
Position	Name of Company		Phone					
1 USHUT					Part-time (# of hours/wk )			
Supervisor's Name	Dates Employed		Wages Earned	d	(# of floors/wk )			
					Internship			
Duties		Reason(s) for Lea	aving		☐ Volunteer			
					Other: (specify)			
May we contact your previous emplo	oyers? Yes							
Place list any other experience	aaa yay baya bad t		perience	with Sorvent's	Heart Home Health Services			
Please list any other experience			nce, or any other releva		neart nome nearth Services.	•		
Please check what you ar		-	lequired on the Job	movements ma	y be required on the job			
	Using Stepsto							
Twisting	ools	Carrying up to 10	lbs.	Reaching at shoulder				
Stooping/Bending	0 lbs.	Carrying 11-24 lbs	s. [	Reaching below shoulder				
Kneeling	Lifting 11-24	lbs.	Carrying 25-50 lbs	3.				
Crawling	Lifting 25-50 I		Carrying over 50 II					
_	Lifting over 50							
Climbing Stairs	Ulbs.	Reaching above s	houlder					

			xperience Checklist			
Patient Type	s and Conditions					
Please check the patient conditions below for which you have experience providing care and/or which you are competent and willing to assist.						
	Alcoholism/Drugs		Blindness		Cancer	
	Convulsive Disorders		Diabetes		Geriatrics	
	Heart Conditions		Infant/child care		Para/Quadriplegic	
	Parkinson's Disease		Multiple Sclerosis		Retardation	
	Stroke		Hospice Patients		Psychiatric Conditions	
Tasks That M	lay Be Required					
Please check	the tasks below in which you have experience a	and	for you are competent and willing to do.			
	Clean bathroom		Dusting		Meal Planning	
	Vacuuming		Cooking		Wash Dishes	
	Mop floors		Ironing		Transport client as needed	
	Laundry		Pet care		Care of house plants	
	sks and Activities the tasks below in which you have experience a Assist with ambulation	and,	Transfer bed to chair		Elimination - bed pan	
	Use of cane		Transfer chair to bed Hydraulic lift (ie: Hoyer)		Elimination - commode Shampoo - bed	
	Use of gait belt		Use of crutches		Shaving - electric razor	
	Hot/cold compress		Non-sterile dressing change		Shaving - safety razor	
	Sitz bath		Feeding client		Bed making - unoccupied	
	Bed bath		Bed making - occupied		Cleaning dentures	
	Mouth swabs		Intake and Output		Empty catheter bag	
	Ostomy bag change		Positioning client in bed/chair		Fleets enema	
Special Diets	5:					
	Diabetic		Low Sodium		Soft	
			References			
Nomo	Please provide us with contact info		ation for three personal references (ot	Phone	relatives).	
Name		Г	elationship	FIIONE		
Name		R	elationship	Phone		
Name		R	elationship	Phone		

#### Languages

What languages do you read, speak, or write fluently?

Su	m	m		v

Demonstrate your suitability for position(s) sought, by outlining your career objectives and elaborating on the factual material already presented. Show how your experience (educational, extracurricular and work) is relevant to the position(s), organization, and/or field of work for which you are applying.					
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	_				

### Applicant Consent Form for Pre-Employment Investigation

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment. In consideration of your review of my application for employment, I hereby voluntarily consent to and authorize the above employer or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment.

I agree that this consumer report may include any of the following:

- Criminal Records
- Civil Cases
- Motor Vehicle Records
- Military Service Verification
- Credentials Verification
- Education Verification
- Employment Verification
- Personal Identity Verifications
- Past Employment Verification
- Reference Checks
- Credit Report

I authorize all persons and organizations that may have information relevant to this form to disclose such information to the above employer or its authorized agents. I hereby release the above employer, its authorized agents, and all persons and organizations providing information form all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand that I have specific prescribed right as a consumer under the federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law.

### Signature

By signing below, I certify that I have given Servant's Heart Home Health Services my permission to perform a criminal background check prior to being hired. I also understand that any omission or misrepresentation with respect to the information I have provided in this application may be cause for denial or immediate termination of employment. (Date of birth needed for purpose of criminal background check only)

/	/
Today's	Date

Signature

Date of Birth: \_\_\_\_\_ Mon

Month Dav Year

Thank you for your time and effort in applying for a position with Servant's Heart! We appreciate your interest in working with our company.

Best wishes,

## The Staff at Servant's Heart Home Health Services

Servant's Heart Home Health Services is an equal opportunity employer. All information you share on this application will be kept confidential. Applications will be retained in our files for 90 days.