



# COMMUNITY HEALTH PROFESSIONALS, INC. & Private Duty Services, Inc.

Ada Archbold Bryan Celina Defiance Delphos  
Helping Hands/Lima Paulding Tri-County/Wapak Van Wert

## EMPLOYMENT APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ Email \_\_\_\_\_

Position applied for \_\_\_\_\_

Have you lived in Ohio for the last 5 years? Yes \_\_\_ No \_\_\_

In Case of Emergency Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

### **EDUCATION:**

High School \_\_\_\_\_ Grade Completed \_\_\_\_\_

College/University \_\_\_\_\_ Highest Degree \_\_\_\_\_

Major of Study \_\_\_\_\_

### **EXPERIENCE** - Please list last position first and use complete addresses:

1. COMPANY \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. COMPANY \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. COMPANY \_\_\_\_\_ Address \_\_\_\_\_

Employed From \_\_\_\_\_ To \_\_\_\_\_ Position \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Were you ever employed here? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Are you related to anyone employed here? \_\_\_\_\_ If yes, who? \_\_\_\_\_

### **REFERENCES** (please use complete addresses)

#### **PROFESSIONAL:**

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you known and in what capacity? \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you known and in what capacity? \_\_\_\_\_

3. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you known and in what capacity? \_\_\_\_\_

**REFERENCES** (please use complete addresses)

**PERSONAL:**

1. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you known and in what capacity? \_\_\_\_\_
  
2. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you known and in what capacity? \_\_\_\_\_
  
3. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you known and in what capacity? \_\_\_\_\_
  
4. Name \_\_\_\_\_ Phone (     ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
How long have you known and in what capacity? \_\_\_\_\_

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This **application** is considered current for **twelve months only**. At the end of this period, if you are still interested in employment, it will be necessary for you to reapply.

The necessity of remaining flexible and the unique nature of our agency mandate that we remain free of any commitments made to individuals regarding employment status; therefore, this agency is an **Employment-at-Will**. The employment is not for a fixed or defined time period, regardless of the time and manner of payment of wages or the administration of any other condition of employment.

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I certify that all the information provided on the application or an attached resume is true, correct, and complete. Any misrepresentation or omission may be grounds for discharge from employment. I authorize this agency to check and verify all information on the application and fully release this agency from any liability resulting from the verification process. I authorize my former employers and any other persons or organizations to provide current and accurate information about my background, and I release all concerned from any liability in connection therewith.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO BE COMPLETED BY INTERVIEWER:**

Date Interviewed \_\_\_\_\_ By Whom \_\_\_\_\_  
Position \_\_\_\_\_ Office \_\_\_\_\_  
Starting Wages \_\_\_\_\_ Date to Start Work \_\_\_\_\_  
Days per week \_\_\_\_\_  
Remarks: \_\_\_\_\_

I have verified with the Ohio Nurse Aide Registry at 800/582-5908, #3 that the above employee:  
\_\_\_ SAM – US General Service Administration system  
\_\_\_ OIG – Office of Inspector General  
\_\_\_ Abuser Registry  
\_\_\_ Sex Offender Search  
\_\_\_ Offender Search  
\_\_\_ Nurse Aide Registry

## EMPLOYMENT APPLICATION

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As employers/governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government record keeping, reporting, and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment. YOUR COOPERATION IS VOLUNTARY.

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(PLEASE PRINT)

DATE \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source: \_\_\_\_\_ Advertisement \_\_\_\_\_ Friend \_\_\_\_\_ Relative \_\_\_\_\_ Walk-In  
\_\_\_\_\_ Employment Agency \_\_\_\_\_ Website \_\_\_\_\_ Other \_\_\_\_\_

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Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

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### Affirmative Action Survey

Government agencies require periodic reports on sex, ethnicity, handicapped, and veteran status of applicants. This data is for analysis and affirmative action only.

Check one: \_\_\_\_\_ Male \_\_\_\_\_ Female

Check one of the following:

Race/Ethnic Group: \_\_\_\_\_ White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic  
\_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian/Pacific Islander

Check if you wish to identify yourself as the following:

\_\_\_\_\_ Vietnam Era Veteran \_\_\_\_\_ Disabled Veteran \_\_\_\_\_ Handicapped Individual

## **Qualifications of Personal Care Aide** **For Private Duty Program**

1. Must hold current driver license and have a dependable, insured car. Automobile insurance coverage must be \$100,000 per person/\$300,000 per accident
2. Must be reliable, prompt and dependable
3. Must be able to work independently
4. Must be able to relate with and communicate well with people
5. Must have a basic knowledge of good nutrition and be able to cook
6. Must maintain high standards of personal health and appearance
7. Must be able to communicate by reading, observing, speaking and writing competently
8. Must be willing to engage in any training suggested by the agency
9. Must respect personal property and confidentiality of the client and his/her home
10. Must be flexible in order to accommodate the scheduling needs of the client
11. Will have an active telephone, pager or emergency number available

## **CONDITIONS FOR EMPLOYMENT**

### **MUST MEET FOLLOWING CONDITIONS FOR ACTIVE EMPLOYMENT....**

1. Must be reliable, prompt, dependable, and be able to work independently.
2. Must be able to relate with and communicate well with people by reading, observing, speaking, and writing competently.
3. Must maintain high standards of personal hygiene and appearance.
4. Must respect personal property, hold information in confidence and not discuss patient/clients with or in front of other patients/clients.
5. Will have an active telephone, pager, or emergency number available. Cell phones should be put on vibrate mode while at the work place or patient/client home and receive no personal phone calls unless emergency calls.
6. Must be willing to engage in any training suggested by the agency and maintain required credentials.
7. Must be flexible in order to accommodate the scheduling needs of the patient/client.
8. Will not work privately for patient/client or recruit to another agency while currently employed and for a period of two years following termination.
9. Will not work for two different agencies in the same client's home unless approved by supervisor.
10. Is not permitted in the home unless the patient/client is at home.
11. Will keep the relationship between patient/client/family professional and not discuss personal problems.
12. Will not get involved in the patient/client's financial affairs including writing checks, banking, etc.
13. Will not accept gifts or money from the patient/client or solicit personal property items or sell anything including fundraising products.
14. Will submit to pre-employment, random, suspicion or post accident drug/alcohol testing.
15. Will present a statement from family physician that applicant is physically capable of performing job they have applied for and are free of communicable diseases.

16. If operating a vehicle for employment will hold current driver license and have a dependable, insured car. (\$100,000 per person/\$300,000 per accident bodily injury). Will provide verification of auto insurance as indicated for the position and notify agency if driver license becomes suspended or revoked; which would classify employee as inactive. It will be the responsibility of the employee to verify coverage regarding transporting clients.
17. If providing care to patients/clients, will receive an initial 2-Step Mantoux test (if prior positive reaction, must have a chest X-ray and physician statement that applicant is free of communicable diseases).
18. Will have the six database check verified prior to fingerprint process.
19. If providing care to older adults and/or children, will complete a criminal check and will notify employer no later than 14 calendar days of any charges, convictions or guilty pleas. **Will provide proof of five-year residence in Ohio** (examples: rent, mortgage, electric or gas statement, telephone record, school records, etc.) or will need to complete both the civilian background check along with the Federal background check.
20. If providing care to patients, will complete the six database verifications and a fingerprint five years from anniversary.
21. If providing care to patient, will complete verification of abuse registry prior to employment and annually thereafter.
22. Will hold a current Ohio professional license (if applicable).

I have been provided an opportunity to ask questions related to the above conditions and I agree to the employment requirements and do understand that my employment is contingent on the results. If I elect NOT to participate I further understand that I am not eligible for employment.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Applicant