



JOB APPLICATION

APPLICATION DATE: _____ DESIRED POSITION: _____
 FULL NAME: _____
 ADDRESS: _____
 HOME PHONE: _____ MOBILE PHONE: _____
 EMAIL: _____
 DOB: _____ SOCIAL SECURITY NUMBER: _____
 DRIVER'S LICENSE NUMBER: _____

AVAILABILITY: LIVE IN HOURLY (Indicate hours below)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WILL YOU WORK WITH PETS IN THE HOME?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WILL YOU PERFORM PET CARE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
WILL YOU WORK WITH SMOKING PATIENT/CLIENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	ARE YOU WILLING TO DRIVE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU HAVE A CAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

How did you hear about us? (Please be specific) _____

I hereby authorize CZH to request and receive from all prior employers within one year of the date of application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

Signature: _____ Date: _____

TITLE/POSITION	DATES OF EMPLOYMENT	COMPANY NAME & ADDRESS	PHONE NUMBER	SUPERVISOR NAME & TITLE	REASON FOR LEAVING
1.	FR: _____ TO: _____				
2.	FR: _____ TO: _____				
3.	FR: _____ TO: _____				
4.	FR: _____ TO: _____				

EDUCATION

NAME OF SCHOOL	LOCATION	COURSE OF STUDY	TYPE OF DEGREE	GRADUATED (Y/N)
HIGH SCHOOL				
COLLEGE				
OTHER/CURRENTLY STUDYING				

CERTIFICATIONS

RN _____ HHA _____ DIETICIAN _____ NURSING SUPERVISOR _____ PHARMACIST _____ PHYSICAL THERAPIST _____ DON/CLINICAL MANAGER _____	LPN _____ CNA _____ MEDICAL SOCIAL WORKER _____ OCCUPATIONAL THERAPIST _____ SPEECH PATHOLOGIST _____ PHYSICIAN _____
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CERTIFICATE/LICENSE TYPE	NUMBER	ISSUED BY	ISSUE DATE	EXPIRATION DATE
1.				
2.				
3.				

MILITARY VETERAN YES NO BRANCH _____ YEARS _____
 HONORABLE DISCHARGE? YES NO OTHER, EXPLAIN: _____



LIST THREE PERSONS, EXCLUDING RELATIVES OR FRIENDS, AS PROFESSIONAL REFERENCES.

NAME	BUSINESS ADDRESS & PHONE	OCCUPATION/TITLE	YEARS KNOWN

Did you receive any disciplinary action in your last 12 months of employment with your previous employer? Yes No

If yes, explain: _____

Have you ever been discharged or asked to resign from employment? Yes No

If yes, explain: _____

SKILL SET / EXPERIENCE
(Check those that apply)

- Personal Care (ADL)
- Body Mechanics
- Nutrition
- Special Procedures
- Elimination Procedures
- Critical Care

- Hoyer Lift
- Emergency Management
- Pediatrics Care
- Safety/Infection Control
- Alzheimer's/Dementia
- Hospice

Personal Information:

Have you ever applied to/worked for CZH before? Yes No

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for CZH? If yes, state name & relationship: _____ Yes No

If hired, would you have transportation to/from work? Yes No

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Yes No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? Yes No

If hired, are you willing to submit to and pass a controlled substance test? Yes No

(Note: CZH complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been included in any exclusion list (OIG/GSA) relative to performing healthcare services? Yes No

If yes, please explain: _____

Have You Ever Been Denied a Security Bond? Yes No

If yes, please explain: _____

Do you consent to a background check? Yes No

(We do not share results of the background check with third parties.)

Do you have Malpractice Insurance? Yes No

If yes, Carrier Name and Address: _____ Policy # _____

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)



Additional Information

Do you speak, write, or understand any foreign languages? Yes No
If yes, describe which language(s) and how fluent of a speaker you consider yourself to be. _____

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us? Yes No
If yes, please explain _____

IN THE EVENT OF AN EMERGENCY, NOTIFY OR CONTACT THE FOLLOWING PERSON

Name _____
Relationship _____
Address: _____ Phone _____

DECLARATION:

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances for hiring. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company. _____

I certify that I have not signed any non-compete or non-solicitation agreement or any other kind of agreement with any other employer that might restrict me from working for this company _____

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company. _____

I give CZH my permission to take my photo for company use _____

I understand that all arrangements relative to assignments and any modification of terms must be referred to and approved by Company, and that I should not make any independent agreement and/or arrangements with the patients/clients without first consulting Company. _____

I permit the CZH to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation. _____

I understand that I may be required to qualify for employment based on additional employment criteria and that I may be required to take job-related competency tests, submit to a background check, or drug test. If I am offered employment or start an assignment before any required test is completed, I understand that my employment is contingent on satisfactory results for all required tests. I authorize the release of any results to any State or Federal authority requesting such information and in response to a valid subpoena or other legal document. _____

Please read before signing:

My signature verifies that information provided in this application is true and complete. I understand that falsification, including withholding of information, on this application is grounds for immediate dismissal if I am selected for a position. I agree to submit to drug screening tests, upon request. I understand that all references listed above may be contacted in addition to past employers and educational institutions:

I, (Applicant) _____, hereby authorize CZH to request and receive from all prior employers within one (1) year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

Signature _____ Date _____

AN EQUAL OPPORTUNITY EMPLOYER

CZH is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

This application will be kept on file for one hundred twenty (120) days from the date completed. If not assigned after this time a new application must be completed for consideration of employment.