

**A.S.A.P Home Care & A.S.A.P Home Nurses, Inc.
Employment Application**

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age or marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that provides unrequested information will be automatically rejected.

Position(s) Applied for: _____ Date of Application: ____/____/____
Referral Source Advertisement Employee Relative Walk-In
 Government Employment Agency Private Employment Agency
 Internet Other _____

Name: _____ Social Security Number: _____ - _____ - _____
Last First Middle

Current Address: _____ City: _____ State: _____ Zip: _____
Number Street

Have you lived in Ohio for at least 5 years? Yes No

Home Phone Number: (____) _____ Cell Phone Number: (____) _____

If necessary, best time to reach you at home: _____

What date are you available for employment? ____/____/____

Type of employment desired: (check all that apply) Full time Part time Temporary Seasonal

Are you able to work over 40 hours per week if required? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you previously applied for a position at A.S.A.P.? Yes No
If Yes, When? _____

Have you previously worked for A.S.A.P.? Yes No
If Yes, When? _____

Are you currently under a non-compete clause with any other agency? Yes No

Are you eligible to work in the United States? Yes No
(Proof of eligibility will be required before you can be employed.)

Are you presently on layoff and/or subject to recall from any other company? Yes No
If yes, please explain: _____

Have you ever been convicted of/or pleaded guilty to a crime? (other than minor traffic violations)
 Yes No If yes, please explain (give date, location, charge etc.)

Conviction will not necessarily disqualify you for employment

Do you have a valid driver's license? Yes No
If yes, DL#: _____ Type: _____ State of Issue: _____

Have you had any moving violations in the past 3 years? Yes No
If yes, please describe: _____

Do you have any relatives currently employed by A.S.A.P.? Yes No
If yes, please list name(s): _____

Person to be contacted in case of an emergency:
Name: _____ Relationship: _____
Telephone: (____) _____
Address: _____ City: _____ State: _____ Zip: _____

A.S.A.P Home Care & A.S.A.P Home Nurses, Inc.
Educational Background:

Type of School	Name/City	How Many Years Attended	Graduated	Course of Major
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

Employment History:

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comment(s) section below.

<p>Employer: _____ Phone (____) _____</p> <p>Address: _____</p> <p>Job Title: _____</p> <p>Immediate Supervisor & Title: _____</p> <p>Reason for leaving: _____</p> <p>May we contact for reference/verification? <input type="checkbox"/>Yes <input type="checkbox"/>No If no, give reason: _____</p>	<p>Dates employed Month & Year</p> <p>From: ____/____/____</p> <p>To: ____/____/____</p> <p>Hourly Rate/Salary Starting</p> <p>\$____ Per ____</p> <p>Hourly Rate/Salary Final</p> <p>\$____ Per ____</p>	<p>Summarize the nature of the work performed and job responsibilities:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Employment History Continued:

Comment(s) and other skills and qualifications (including explanation of any gaps in employment):

References:

List name and telephone number of three (3) business/work references who are **NOT** related to you and are **NOT** previous supervisors. If not applicable, list three (3) school or personal references that are not related to you, whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years Known	Relationship

Availability:

Please list your availability, start time, end time, area you prefer to work in.

Day of Week	Start Time	End Time
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Areas you PREFER to work: _____

Each employee is required to work, or be available for working every other weekend.

Comments: _____

Signature of Applicant: _____ Date: ____/____/____

A.S.A.P Home Care & A.S.A.P Home Nurses, Inc.

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be dismissed by the employer or myself at any time and for any reason with or without prior notice. No representative of A.S.A.P other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of A.S.A.P.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have heard from this employer within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with A.S.A.P.

I give the employer and/or its agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer, A.S.A.P is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

NOTICE: This is to inform you that as part of processing your employment application, we may obtain a consumer report and/or an investigative report which includes information as to your character, general reputation, personal characteristics and mode of living. If an investigative report is requested, you have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. By signing below, you acknowledge receipt of a copy of this notice and a copy of the "Summary of Your Rights under the Fair Credit Reporting Act."

Signature of Applicant: _____ Date: ____/____/____

Application Questionnaire

1. How many days were you absent from work last year? _____
2. Are you aware that in the Home Health Field there are no guaranteed hours; Schedules can change on a daily basis due to client cancellations, hospitalizations, need for increased or decreased hours etc. Will this be a problem for you? _____
3. This job requires reliable transportation, current vehicle insurance and valid driver's license. Can you meet these requirements? _____
4. This job requires a commitment/availability for at least ever other weekend. Can you meet this requirement? _____
5. Some of our clients can have cats, dogs, birds etc. and some clients smoke. Do you have any special needs concerning these types of individuals? If yes, how can we aid you with your special needs? _____
6. If you encounter a work related problem. How would you go about resolving it?

7. Are you fluent in any foreign languages? If so, please list all: _____

8. This job requires these functional abilities:
 - Must be able to read 12 point or larger type
 - Must be able to hear and speak in a manner understood by most people
 - Must be able to stoop and bend
 - Must be able to travel to prospective client's residence
 - Must be able to lift, turn and transfer client's weighing up to 200 lbs. With adaptive equipment.
 - Must be able to carry bundles weighing up to 50 lbs. up stairsCan you meet these job requirements? _____

I certify that the facts contained in this application questionnaire are true and complete. Any misrepresentation or falsification of information will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I have answered the above questions truthfully and understand the requirements for this job.

Applicant Signature

Date

Reference Form

A.S.A.P Home Care & A.S.A.P Home Nurses, Inc.

Wadsworth Office (Corporate) One Park Center Dr. Ste. 17 Wadsworth, OH. 44281 Phone (330) 334-7027 Fax (330) 334-2186	Millersburg Office 31N. Mad Anthony St. Millersburg, OH. 44654 Phone (330) 674-3306 Fax (330) 674-3381	Medina Office 133 N. Court St Medina, Oh 44256 Phone 330-722-5599 Fax 330-721-6644	Wooster Office 133 Beall Ave. Wooster, OH. 44691 Phone 330- 263-4733 Fax 330- 601-0309	Canton Office 4150 Belden Village St. Ste. LL08 Canton, OH. 44718 Phone 330- 491-0700 Fax 330- 491-0725	New Philadelphia 152 N. Broadway Suite 101-C New Philadelphia, Oh 44663 Phone:330-365-1835 Fax:330-365-9236
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The Undersigned has applied for employment with our company and authorizes you to provide information concerning past performance under the provisions of Privacy Act of 1974. All information is kept confidential. Thank you for your cooperation.

Name: _____ SS #: _____ / _____ / _____

Company: _____ Phone #: _____

Employment Dates: From _____ to _____ Position: _____

Supervisor/Manager: _____

Reason for Leaving: _____

APPLICANTS AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize you to issue any information you may have regarding my services and character and do hereby unconditionally release your organization from all liability for any damage whatsoever which might result from furnishing same.

Applicant Signature: _____ **Date:** _____

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of Work				
Job Knowledge				
Cooperation				
Dependability				
Appearance				
Stability				
Overall Rating				

Would you rehire: _____

Comments: _____

Signature: _____ Title: _____ Date: _____

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Attendance				
Quality of Work				
Job Knowledge				
Cooperation				
Dependability				
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Stability				
Overall Rating				

Would you rehire: _____

Comments: _____

Signature: _____ Title: _____ Date: _____