

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 three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comment(s) section below.

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

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

Employment History Addendum

Please list past employer(s) information pertaining to the Homecare Field, Nursing Home Field and/or MRDD Field.

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

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 who are not related to you, whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years Known	Relationship

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 Home Care, Inc. 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 Home Care, Inc.

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 Home Care, Inc.

I give the employer and/or it's 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, it's 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 Home Care, Inc., 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: ____/____/____

Availability:

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

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

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Areas you PREFER to work: _____

Comments: _____

Applicant Signature: _____ Date: _____

Application Questionnaire

How many days were you absent from work last year? _____

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? _____

This job requires reliable transportation, current vehicle insurance and valid driver's license. Can you meet these requirements? _____

This job requires a commitment/availability for at least ever other weekend. Can you meet this requirement? _____

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? _____

How do you handle pressure and stress? _____

7. If you encounter a work related problem. How would you go about resolving it?

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

9. 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 stairs
Can 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. Homecare & Home Nurses, Inc.

<p><u>Wadsworth Office</u> <u>(Corporate)</u> One Park Center Dr. Ste. 107 Wadsworth, OH. 44281 Phone (330) 334-7027 Fax (330) 334-2186</p>
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<p><u>Millersburg Office</u> 31 North Mad Anthony St. Millersburg, OH. 44654 Phone (330) 674-3306 Fax (330) 674-3381</p>
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<p><u>Wooster Office</u> 133 Beall Ave. Wooster, OH. 44691 Phone (330) 263-4733 Fax (330) 601-0309</p>

<p><u>Canton Office</u> 4150 Beldon Village St. Ste. LL08 Canton, OH. 44718 Phone (330) 491-0700 Fax (330) 491-0725</p>

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: _____