

# New Life Home Care

1415 Dublin Granville Rd. Sute 110  
Columbus, OH., 43229

## APPLICATION FOR EMPLOYMENT

### Personal Data

Name:

Last: \_\_\_\_\_ First : \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

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

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Social Security Number \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Relatives Employed by "New Life Homecare LLC." (if any): \_\_\_\_\_

Referred By: \_\_\_\_\_

### Employment Information

Position applying for: \_\_\_\_\_

Salary/Hourly Pay Requirements: \_\_\_\_\_

· Regular · Part-time · Temporary · Summer · Student Intern

Start work date: \_\_\_\_\_

Are you authorized to work in the U.S.? · Yes · No

Have you ever applied to this Company before: · Yes · No

Have you ever been employed by this Company before? · Yes · No

If Yes, include dates and positions: \_\_\_\_\_

Are you willing to travel? · Yes · No

May we contact your previous employers? · Yes · No

May we contact your present Employer? · Yes · No

### Education and Training

Educational Institution Name and Location	Number of Years Attended	Subject Studied/ Certifications

Applicant Full Name: \_\_\_\_\_

# New Life Home Care

1415 Dublin Granville Rd. Sute 110  
Columbus, OH., 43229

Additional abilities, technical skills, languages and/or special knowledge applicable to employment:

\_\_\_\_\_  
\_\_\_\_\_

Academic achievements applicable to employment:

\_\_\_\_\_  
\_\_\_\_\_

Organizations, Licenses, Certifications and Certificates applicable to employment:

\_\_\_\_\_  
\_\_\_\_\_

## Education History

State last three(3) employers :

(Most recent)

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

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

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

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

Employers Name: \_\_\_\_\_

Employers Address: \_\_\_\_\_

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

## Military Service

Branch of Service: \_\_\_\_\_ Years in Service: \_\_\_\_\_

Duties as applicable to employment: \_\_\_\_\_

## References

List three(3) individuals who have knowledge of your work experience

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_

Years Known: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

# New Life Home Care

1415 Dublin Granville Rd. Sute 110  
Columbus, OH., 43229

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Years Known: \_\_\_\_\_

## Criminal Convictions

Please identify all criminal convictions, including any felony or misdemeanor convictions.  
Type of conviction & final disposition:

Conviction: \_\_\_\_\_  
Date/Location(City/State): \_\_\_\_\_

Conviction: \_\_\_\_\_  
Date/Location(City/State): \_\_\_\_\_

Conviction: \_\_\_\_\_  
Date/Location(City/State): \_\_\_\_\_

## Consent for Release of Information

I affirm that all statements and answers are true, correct, and complete to the best of my knowledge and that I have not knowingly withheld any information requested on this application. I understand that any false statement, misstatement or omission of information in this application may result in a refusal to hire, or if hired, in immediate discharge.

I understand that in connection with my application and/or resume, "**Just In Time Care Services, Inc.**", may investigate my academic credentials and performance, prior job performance, character and general reputation.

The objective is to obtain information for the sole purpose of considering me for employment. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damage which may result from furnishing such information to you. In consideration for my employment by your company, I agree to conform to the rules and regulations of the company and acknowledge that these rules and regulations may be changed, interpreted, withdrawn, or added to by the employer at any time, at the employer's sole option without any prior notice to me. **I FURTHER ACKNOWLEDGE THAT IF I AM EMPLOYED BY THE COMPANY, MY EMPLOYMENT WILL BE "AT WILL," AND MAY BE TERMINATED WITH OR WITHOUT CAUSE AT ANY TIME BY ME OR BY THE COMPANY.** I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to assure any benefits or terms and conditions of employment other than those set forth in the employee policies, either prior to commencement of employment or after have become employed. In addition, I authorize "**Just In Time Care Services, Inc.**", to obtain any other information it considers necessary, including

Applicant Full Name: \_\_\_\_\_

# New Life Home Care

1415 Dublin Granville Rd. Sute 110  
Columbus, OH., 43229

examination of federal, state, and municipal criminal and/or police records.

I understand that I may be required to submit to a physical examination by a physician of the company's choice and that any offer of employment is conditional upon my being able to perform the essential functions of the position in question, with or without reasonable accommodation. If I fail to do so, or I cannot perform the essential functions of the job with or without reasonable accommodation, any such conditional offer of employment or my employment may be terminated by the company without any prejudice to it or any other liability.

I understand that this application is only valid for the position for which I am applying and that if I wish to apply for any further positions, I must file another application.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Duty to Perform Care as Ordered

I, \_\_\_\_\_ (employee name) understand that I am obligated to carry out care as ordered or specified on the client's plan of care regardless of my personal beliefs.

I understand that in order to be employed as a care provider or Home Health Aid at "Just In Time Care Services, Inc.", may be required to perform duties that may be in opposition to my personal beliefs. For example, I may be required to purchase or prepare certain food products, and do other tasks contrary to my personal preferences or beliefs. I understand that the client's welfare is first and foremost.

I affirm that if hired by "Just In Time Care Services, Inc.", I will perform all assigned duties, even those contrary to my personal beliefs.

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

## ADDITIONAL DISQUALIFYING OFFENSES

Any offenses in Ohio or any other state or municipality (in the United States), which is substantially equivalent to any of the above offenses.

Any felony contained in the Ohio Revised Code, or misdemeanor which is a felony on the second offense, which bears a direct and substantial relationship to the duties and responsibilities of the position that the applicant is being considered for.

**APPLICANT PLACE INITIALS HERE-----** (Your initials here verify you have not committed any of these offenses.)

-----**Administrative use**-----

**Applicant, do not do anything with this section. This section is to be signed in the presence of a New Life Home care administrative officer.**

Signature of Applicant \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_