

A-PLUS Home HealthCare Solutions

Let our family care for yours!

A-PLUS Home Healthcare Solutions, LLC 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. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

DATE	POSITION APPLYING FOR
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PERSONAL INFORMATION

Name: _____			
Last	First	Middle	Other names used
Address: _____			
Street	City	State	Zip code
Telephone: _____ (____) _____ (____) _____			
	Home		Cell
Email: _____			
Date of Birth _____		Social Security Number _____ - ____ - _____	
Job Title: _____			
Are you applying for:		What shifts will you work?	May we contact your present Employer
<input type="checkbox"/> F/T	<input type="checkbox"/> P/T	<input type="checkbox"/> PRN	<input type="checkbox"/> Days
		<input type="checkbox"/> Evenings	<input type="checkbox"/> Night
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Available Start Date: _____		Minimal Acceptable Salary _____	
Are you authorized to work in the U.S on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No			
(Federal Law requires proof of identity and employment authorization for all new employees.)			

Can you travel if the job requires it? Yes No

Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment) Yes No

If yes, explain:

EDUCATION/TRAINING

High School: _____
Name

Location

Dates Attended From/To

Diploma Degree & Major

Graduated

College: _____
Name

Location

Dates Attended From/To

Diploma Degree & Major

Graduated

Other: _____
 (Business, Vocational, Military) Name

Location

Dates Attended From/To

Diploma Degree & Major

Graduated

SPECIAL SKILLS List any special skills or experience that you may feel would help you in the position that you are applying for (leadership, organization/teams etc.)

Position	License Number
Registered Nurse	
Licensed Practical Nurse	
Certified Nursing Assistant	
Medication Technician	

PREVIOUS EMPLOYMENT

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City _____ State _____ Zip code _____

Employer Telephone _____

Dates Employed _____

Reason for leaving _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City _____ State _____ Zip code _____

Employer Telephone _____

Dates Employed _____

Reason for leaving _____

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

City _____ State _____ Zip code _____

Employer Telephone _____

Dates Employed _____

Reason for leaving _____

REFERENCES

Please provide 3 personal and professional reference (s) below

Professional Reference	Contact information

Personal Reference	Contact information

AT- WILL EMPLOYMENT

The relationship between you and **A-PLUS Home Healthcare Solutions, LLC** is referred to as “employment at will.” This means that your employment can be terminated at anytime for any reason, with or without a cause, with or without notice, by you or the **A-PLUS Home Healthcare Solutions, LLC**. No representative of **A-PLUS Home Healthcare Solutions, LLC** has the authority to enter into any agreement contrary to the foregoing “employment at will” relationship. You understand that your employment is “at will,” and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice President/Chief Operations Officer or the Company’s President

Applicant Signature _____

Date_____

CONFIDENTIAL AGREEMENT

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

I agree that except at the request and for the benefit of **A-PLUS Home Healthcare Solutions**, I will not disclose to anyone or use for my own purposes, any of **A-PLUS Home Healthcare Solutions** confidentiality or proprietary information, either during or after my employment. I understand and agree that **A-PLUS Home Healthcare Solutions** bidding, costs, pricing and marketing information and techniques, customer names and information, and employee name and information are confidential and proprietary of **A-PLUS Home Healthcare Solutions**.

I understand that this application is not a contract for employment.

I authorize and request my former employers, references, and educational institutions which have information about me to give **A-PLUS Home Healthcare Solutions** any and all information and opinions about me in your possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and release such former employers, references, and educational institution from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state and local governmental agencies to release to **A-PLUS Home Healthcare Solutions** any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original

Applicant signature _____

Date _____

CONFLICT OF INTEREST

I acknowledge that I have read the company policy statement concerning conflict of interest, and I hereby declare that neither I, nor any other business to which I may have been associated, nor, to the best of my knowledge any member of my immediate family has any conflict between our personal affairs or interests and the proper performance of my responsibilities for the company that would constitute a violation of that company policy. Furthermore, I declare that during my employment, I shall continue to maintain my affairs accordance with the requirements stated in the policy.

Applicant signature _____

Date _____

RELEASE OF INFORMATION

I hereby authorize all prior employers, schools, credit bureaus, Social Security Administration. Law enforcement agencies and investigative agencies to give **A-PLUS Home Healthcare Solutions** any and all information concerning my previous employment and any pertinent information they may have either personal or otherwise, concerning my qualifications for the position I applied for.

I release to **A-PLUS Home Healthcare Solutions** and all its employees from all liability for any damage that may result from furnishing information to **A-PLUS Home Healthcare Solutions**. I also release **A-PLUS Home Healthcare Solutions** and all its employees from all liability for any damage that may result from reliance on the information furnished.

I understand that if a consumer investigative report is requested, I have the right under the Fair Credit Reporting Act to request in writing within a reasonable time, a complete and accurate disclosure of the nature and scope of the investigation. This written request should be addressed to the location where the address was filed.

Print Full Name _____ Social Security Number
_____/_____/_____

Applicant Signature _____

Date _____