

Three Rivers Home Health Services, Inc.



APPLICATION FOR EMPLOYMENT

PART 1 - GENERAL

POSITION APPLIED FOR _____

NAME: _____
Last First Middle Initial

STREET ADDRESS: _____

_____ City State Zip Code

TELEPHONE: _____ ALTERNATE: _____

ANY OTHER NAME(S) PREVIOUSLY KNOWN BY: _____

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? _____ SOCIAL SECURITY NUMBER: _____

HAVE YOU EVER BEEN CONVICTED BY A COURT OF LAW OF ANY OFFENSE, OTHER THAN A MINOR TRAFFIC VIOLATION? IF SO, PROVIDE THE SPECIFICS _____

ARE YOU RELATED TO ANY CURRENT EMPLOYEE OF THREE RIVERS? IF SO, IN WHICH FACILITY DOES THIS RELATIVE WORK? _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH THREE RIVERS BEFORE? _____ WHAT YEAR? _____

ARE YOU PRESENTLY EMPLOYED? _____

IF SO, WHERE: _____

MAY WE CONTACT YOUR EMPLOYER? _____

IF SO, NAME AND TELEPHONE NUMBER OF PERSON TO CONTACT: _____

- ARE YOU AVAILABLE TO WORK:
 FULL TIME PART TIME AS NEEDED
- IF OFFERED A JOB, WHAT LENGTH OF NOTICE WILL YOU GIVE YOUR EMPLOYER? _____
- ALL PATIENT CARE, SUPERVISORY AND MANAGEMENT POSITIONS REQUIRE TRAVEL. IF YOU ARE APPLYING FOR THIS TYPE POSITION, CAN YOU TRAVEL? _____
- DO YOU OWN A DEPENDABLE VEHICLE WITH INSURANCE COVERAGE? _____
- DO YOU POSSESS A VALID GEORGIA DRIVERS LICENSE? _____
- IF YOU ARE APPLYING FOR A POSITION DESIGNATED TO BE FILLED BY A HEALTH PROFESSIONAL (E.G. NURSES THERAPISTS), ARE YOU LICENSED BY A PROFESSIONAL BOARD OF GEORGIA? _____ WHAT WAS THE YEAR OF ORIGINAL ISSUE? _____ ARE THERE CURRENT RESTRICTIONS TO YOUR LICENSE? _____ IF SO, WHAT ARE THE RESTRICTIONS? _____
- IF APPLYING FOR A HOME HEALTH AIDE POSITION, HAVE YOU BEEN CERTIFIED? _____

NOTE: PLEASE FURNISH COPIES OF NURSING CERTIFICATES, LICENSES OR DIPLOMAS RELATIVE TO THE POSITION FOR WHICH YOU ARE APPLYING.

PART II - EDUCATIONAL BACKGROUND

| LEVEL | NAME OF SCHOOL | NO. YEARS COMPLETED | GRADUATED YES/NO (GED) | YEAR COMPLETED | AREA OF MAJOR OR SPECIALIZED TRAINING |
|------------------|----------------|---------------------|------------------------|----------------|---------------------------------------|
| High School | | | | N/A | |
| Voc. / Tech | | | | | |
| College / Univ. | | | | | |
| Graduate / Prof. | | | | | |

HONORS OR RECOGNITION RECEIVED IN ANY OF THE ABOVE: _____

GIVE A BRIEF DESCRIPTION OF ANY SPECIALIZED TRAINING IN ADDITION TO THE ABOVE THAT COULD AID IN YOUR JOB EFFECTIVENESS (INCLUDING DATES, DURATION AND LOCATION).

PART III - EMPLOYMENT EXPERIENCE

BEGIN WITH YOU PRESENT (OR LAST JOB IF UNEMPLOYED) AND PROVIDE INFORMATION REQUESTED. ATTACH A SEPARATE SHEET OF PAPER IF ADDITIONAL SPACE IS NEEDED.

NOTE: WE WELCOME ANY RESUME OR PERTINENT ATTACHMENT, HOWEVER, FOR CONSIDERATION THE APPLICATION MUST BE FILLED OUT COMPLETELY.

| | | | |
|--------------------|--|----------------------|-------------------------|
| EMPLOYER | DATE EMPLOYED FROM: | DATE EMPLOYED TO: | DESCRIBE WORK PERFORMED |
| ADDRESS | | | |
| JOB TITLE | SALARY Indicate hourly, weekly, monthly or annually | | |
| SUPERVISOR | STARTING | FINAL | |
| REASON FOR LEAVING | | | |

| | | | |
|--------------------|--|----------------------|-------------------------|
| EMPLOYER | DATE EMPLOYED FROM: | DATE EMPLOYED TO: | DESCRIBE WORK PERFORMED |
| ADDRESS | | | |
| JOB TITLE | SALARY Indicate hourly, weekly, monthly or annually | | |
| SUPERVISOR | STARTING | FINAL | |
| REASON FOR LEAVING | | | |

| | | | |
|--------------------|--|----------------------|-------------------------|
| EMPLOYER | DATE EMPLOYED FROM: | DATE EMPLOYED TO: | DESCRIBE WORK PERFORMED |
| ADDRESS | | | |
| JOB TITLE | SALARY Indicate hourly, weekly, monthly or annually | | |
| SUPERVISOR | STARTING | FINAL | |
| REASON FOR LEAVING | | | |

PART IV – ACTIVITIES

LIST CIVIC, COMMUNITY, PROFESSIONAL, TRADE, OR OTHER ORGANIZATIONS IN WHICH YOU ARE A MEMBER, INCLUDING ANY OFFICES OR POSITIONS OF LEADERSHIP WHICH YOU HAVE HELD.

PART V – REFERENCES

GIVE THE NAME AND TELEPHONE NUMBER OF AT LEAST FOUR REFERENCES WHO ARE NOT RELATED TO YOU AND WHO HAVE KNOWN YOU FOR SOME TIME OR WHO ARE FAMILIAR WITH YOUR WORK.

| TYPE REFERENCE | NAME | OFFICE PHONE | HOME PHONE |
|----------------------|------|--------------|------------|
| WORK-RELATED | | | |
| WORK-RELATED | | | |
| PERSONAL | | | |
| PERSONAL | | | |
| ADDITIONAL REFERENCE | | | |
| ADDITIONAL REFERENCE | | | |

PART VI – SUMMARY

IN YOUR OWN WORDS, PLEASE STATE WHY YOU WOULD LIKE TO BE EMPLOYED BY THIS COMPANY:

NOTE: If you are tentatively offered a position with Three Rivers Home Health, you must satisfactorily complete a pre-employment health examination. As part of the selection process, you may be required to test for drugs and alcohol. Applicants who test positive for drugs or alcohol may not be eligible for employment. Applicants who refuse to submit to required drug and alcohol testing may not be considered for employment. A copy of your motor vehicle report will be requested from the appropriate agencies in various states, including the Georgia Department of Public Safety. Your privately owned vehicle, which you will be driving if employed, must pass a basic safety inspection. Also, Three Rivers may screen your financial and criminal history. As an employee, you may be required to submit to random drug screening at any time, at Three Rivers' discretion.

APPLICANT'S STATEMENT: I certify the information herein is voluntarily provided and true and complete to the best of my knowledge. Also, I authorize investigation of all statements contained herein as may be necessary regarding consideration for employment. Further, I understand that any false statements or omissions may disqualify me from consideration and may be considered justification for dismissal if discovered at a later date.

SIGNATURE STATEMENT: By electronically signing this document, I acknowledge that I agree to all the terms and conditions set forth herein, and certify that all information supplied by me is true and correct.

SIGNATURE OF APPLICANT

DATE