



Date: _____

Employment Application

An Equal Opportunity Employer

Please advise us if you need an accommodation to complete this application.

Last Name: _____ First Name: _____ M.I. _____

Social Security #: _____ - _____ - _____ Maiden Name: _____

Email Address: _____ Skill: **HHA STNA CNA**

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone # _____ - _____ - _____ Cell Phone # _____ - _____ - _____

Emergency Contact Name _____ Emergency Phone # _____ - _____ - _____

Relation _____

Are you at least 18 years old? **YES NO** Will you work in a home with a pet? **YES NO**

Do you have your own reliable transportation? **YES NO**

Do you have the ability to travel home to home? **YES NO**

Do you have a driver's license? **YES NO**

State _____ Driver's License # _____ Expiration Date ____/____/____

Have you ever been convicted* of a criminal offense other than a traffic violation? **YES NO**

If **YES**, please explain _____

(*Conviction will not necessarily disqualify an applicant from employment)

Training Certificate # _____ Issued by _____ Exp. Date _____

Have you ever been employed by Nova Home Care Co.?

YES NO If so, when? _____

Have you been a resident of the State of Ohio for at least 5 continuous years? **YES NO**

If the answer is **NO** what other state(s) have you lived in? _____

How were you referred to Nova Home Care Co.?

Newspaper Name _____ Other _____

Friend (Name) _____

I am fluent in the following languages: _____

What Days/Hours are you available to work? _____

Are you available to work occasional weekend? _____

Education	High School	College	Other
School Name, City, State			
Graduated?	YES NO	YES NO	YES NO
Degree or Major			

Check areas in which you have experience, are knowledgeable or training.

Skills Inventory A

Hospital
Nursing Home
Private Home
Other
Meal Preparation
Special Diets
Spinal Cord Injury
CVA

Geriatric Care
Pediatric Care
Psychiatric Care
AIDS Care
Mother/Child Care
Mental Retardation Care
Oncology/Dying Patient Care
Other

Skills Inventory B

Transfer ROM
Bathing
TPR
Blood Pressure
Dressing Change Un-sterile
Warm/Cold Compresses
Ostomy Care

Foley Care
Supervise Meds
Intake & Output
Test Diabetic Urine
Specimen Collection
Other

Previous Employment (List your last 5 employers both permanent and temporary):

From	To	Employer Name & Phone #	Pay Rate	Position	Supervisor	Reason for Leaving

Personal References (No family members please)

Name & Address	Phone #	Occupation	# Of years known

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job is attached. Do not answer this question unless you have been informed about the requirements of the job for which you are applying. **YES NO**

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I understand that, in the event of employment, false or misleading information given in my application or interview may result in discharge
- I authorize investigation of all references and statements contained in the application for employment as may be necessary in arriving at an employment decision.
- I understand that if I am offered employment, I will be working for Nova Home Care Co., on its payroll, at its clients' premises.
- I understand that my employment may be terminated by Nova Home Care CO. at any time, without liability to me for wages and salary except as have been earned by me at the date of such termination.

By typing your full name in the box below, you are stating that all details given in the above application are true. Your typed name represents your digital signature.

Signature: _____ Date _____