



We are committed to providing high quality, comprehensive health care essential in the rehabilitation and recovery of our patients.

Employment Application

POSITION PREFERENCES

Name:	Email:
What position are you applying for?	<input type="radio"/> RN <input type="radio"/> LPN <input type="radio"/> PT <input type="radio"/> PTA <input type="radio"/> OT <input type="radio"/> COTA <input type="radio"/> CNA <input type="radio"/> Other:
Schedule desired:	<input type="radio"/> Full Time <input type="radio"/> Part Time ____ Number of hours per week

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

HealthView Home Health & Hospice is an equal opportunity employer, dedicated to a policy of non-discrimination employment on the basis of age, sex, color, race, creed, national origin, religion, disability or any other characteristic protected by applicable state or federal laws.

PERSONAL DATA

First Name	Middle Name	Last Name
Street Address	City	State, Zip Code
Home Phone	Cell Phone	Today's Date

Daytime phone number where we can contact you:	If hired, can you furnish proof you are over 18 years of age?	<input type="radio"/> YES <input type="radio"/> NO
Are you a Veteran?	If so, what branch:	Discharge Date:
Have you ever been convicted of or pleaded no contest to child or adult abuse, neglect or mistreatment or any felony or misdemeanor crime? ____Yes ____No_ If yes, please explain offense and disposition. Note: A conviction will not necessarily result in the denial of employment. Rather, such factors as date, convictions, and rehabilitation will be considered (This includes the entry of a plea of guilty or nolo contendere)		
If yes, please explain:		
Are you able to work overtime? <input type="radio"/> YES <input type="radio"/> NO	Are you related to any employee that is employed with this company?	<input type="radio"/> YES <input type="radio"/> NO
Can you perform the essential functions of this position you are applying for? <input type="radio"/> YES <input type="radio"/> NO (If no, please explain)		
Are you legally eligible for employment in the US? <input type="radio"/> YES <input type="radio"/> NO	Identity and employment eligibility of all new hires will be verified as required by the Immigration Reform and Control Act of 1986).	

EDUCATION

HIGH SCHOOL	School Name:
	City, State:
	Diploma or number of years completed:
	Major or area of study:
COLLEGE UNIVERSITY TECHNICAL TRADE SCHOOL OR OTHER	School Name:
	City, State:
	Diploma or number of years completed:
	Major or area of study:
COLLEGE UNIVERSITY TECHNICAL TRADE SCHOOL OR OTHER	School Name:
	City, State:
	Diploma or number of years completed:
	Major or area of study:

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

Type:	Type:	Type:
Organization or State issued:	Organization or State issued:	Organization or State issued:
Date issued:	Date issued:	Date issued:
Number:	Number:	Number:
Have your professional license ever been suspended for any reason: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain reason on a separate sheet of paper.		
Do you have a Valid Driver's License? <input type="checkbox"/> YES <input type="checkbox"/> NO		License #:
Have you been convicted of any moving violations in the past five year? If yes, please explain:		

PROFESSIONAL /PERSONAL REFERENCE

Name:	Title:	Phone:
Company:	Professional Relationship:	
Name:	Title:	Phone:
Company:	Professional Relationship:	
Name:	Title:	Phone:
Company:	Personal Relationship:	

WORK HISTORY

List your current or most recent employment first.

1	Current or Recent Employer:		
	City/State	Phone #:	
	Your title or position:		
	Supervisor/Manager Name/Title:		
	Reason for leaving:	Salary: (specify D hour D week D month D year)	
	Dates for employment: From: To:	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2	Previous Employer:		
	City/State	Phone #:	
	Your title or position:		
	Supervisor/Manager Name/Title:		
	Reason for leaving:	Salary: (specify D hour D week D month D year)	
	Dates for employment: From: To:	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3	Previous Employer:		
	City/State	Phone #:	
	Your title or position:		
	Supervisor/Manager Name/Title:		
	Reason for leaving:	Salary: (specify D hour D week D month D year)	
	Dates for employment: From: To:	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Applicant's Statement & Agreement

In the event of my employment to a position with **Healthview Home Health & Hospice (NC)**, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other such tests such as personality and honest tests prior to employment and during my employment.

I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and other with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclosed to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waived any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information that may have regarding me.

I hereby state that all information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect the application unfavorably. I understand that if I am employed and any such information is later found to false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete and I-9 form in this regard.

If hired, I agreed as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment compensation may be terminated by the Company(employer) at any time and for any reason whatsoever, with or without good cause at the option of either the Company or me. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing and signed by the President of the Company(or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President(or majority owner or owners if Company is not a corporation), has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminated employment with or without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understanding of the employee and the Company.

If you have any questions regarding this Statement, please ask a Company representative before signing. I hereby acknowledge that I have read the above Statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT AND AGREEMENT.

I certify that all of this information I have provided on this application is true and accurate. I understand this application will be considered active for a maximum of thirty (60) days and that if I wish to be considered for employment after that time, I must reapply.

Signature Of Applicant

Date