Employment Application

Today's Date: _____ Position Applying For: _____ Date Available to Start: _____

Name: _____
Last First MI

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Availability

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Geographical Preference: 1) _____ 2) _____ 3) _____

Education

High School: _____ City/State: _____

From: _____ to _____ Did you graduate?: ☐ Yes ☐ No Degree: _____

College: _____ City/State: _____

From: _____ to _____ Did you graduate?: ☐ Yes ☐ No Degree: _____

Other: _____ City/State: _____

From: _____ to _____ Did you graduate?: ☐ Yes ☐ No Degree: _____

Languages you speak fluently: 1) _____ 2) _____ 3) _____

Are you fluent in medical terminology?: ☐ Yes ☐ No

Certifications: Type: _____ License #: _____ Exp Date: _____

Type: _____ License #: _____ Exp Date: _____

List any additional education, skills, experience or other relevant qualifications: _____

Previous Employment

Employer: _____ Position: _____

Address: _____
Street City State Zip

Phone: _____ Supervisor: _____

Dates of Employment: From: _____ To: _____

Duties: _____

Employer: _____ Position: _____

Address: _____
Street City State Zip

Phone: _____ Supervisor: _____

Dates of Employment: From: _____ To: _____

Duties: _____

Disclaimer and Signature

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre-and/or post employment drug screen as a condition of employment, if required. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that this application, verbal statement by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the President/or designee, of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing, signed by the President/or designee, and the employee. If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without reason and with or without notice.

I have read, understand, and by my signature consent to these statements.

Printed Name: _____ Date: _____

Signature: _____

Administrative Use Only Beyond this Point

Application Received Date: _____ Interview Date: _____

Hired? ☐ Yes ☐ No If no, why?: _____

Background Check Date: _____ Drug Screen: _____

Hire Date: _____ Physical: _____

Orientation Date: _____ Position: _____

Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, genetic information or any other status protected by law or regulation. It is our intention that all qualified applicants are given equal opportunity and the selection decision be based on job-related factors. **Do not include your name on this form**

Applicant Information

Position Applied for: _____

Voluntary Information

This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.

Racial or Ethnic Group

☐ American Indian/Alaskan ☐ Asian Pacific Islander ☐ Black/African American
☐ Hispanic/Latino ☐ White/Caucasian ☐ Other

Gender

☐ Male ☐ Female

Age

☐ 18-30 ☐ 31-50 ☐ Over 50

Military Service

☐ Pre-Vietnam Era ☐ Vietnam Era ☐ None
☐ Post-Vietnam Era ☐ Disabled Veteran

How did you hear about this position?

☐ Newspaper ☐ Company Employee ☐ Professional Publication
☐ Job Fair ☐ Placement Office ☐ Web Site
☐ Other: _____

Employment Documentation

Personal Information

Full Name: _____ Date: _____

Documentation

To complete the application process, you will be required to present evidence of the following documentation:

- ✓ Current Driver's License
- ✓ Current Automobile Insurance
- ✓ Social Security Card or other acceptable I-9 form documentation
- ✓ Current Negative PPD (TB) Test or Chest X-Ray
- ✓ Current CPR Certification
- ✓ Current Colorado Professional Licensure

Pre-Employment Checks

In addition to the aforementioned documentation, the following pre-employment checks will be completed on all applicants:

- ✓ Criminal Background Check
- ✓ Drug Screen
- ✓ OIG Exclusion Check
- ✓ GSA Exclusion Check
- ✓ Sex Offender Registry Check
- ✓ eVerify Check
- ✓ Child Support Enforcement New Hire Reporting

Acknowledgement and Signature

I understand the copies of these documents and the results of the pre-employment checks will be kept in my confidential personnel file.

By signing below, I acknowledge that I have been notified of and understand the aforementioned documentation and pre-employment checks required by Human Touch Home Health Care Agency/ Summit Home Health Care. I further acknowledge that I understand if I do not provide this documentation or pass any of the pre-employment checks that I will not be employed with Human Touch Home Health Care Agency/ Summit Home Health Care.

Signature: _____ Date: _____

HIPAA Facts and Acknowledgment

The Health Insurance Portability & Accountability Act of 1996 ("HIPAA") is a federal program that requires that all medical records and other individually identifiable health information used or disclosed by us in any form, whether electronically, on paper, or orally are kept properly confidential. This Act gives the client significant rights to understand and control how your health information is used. "HIPAA" provides penalties for covered entities that misuse personal health information.

We may use and disclose medical records only for each of the following purposes: treatment, payment and health care operations.

- Treatment means providing, coordinating or managing health care and related services by one or more health care providers. An example of this would include a skilled nursing visit.
- Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities, and utilization review. An example of this would be sending a bill for a visit to the insurance company for payment.
- Health care operations include the business aspects of running our agency, such as conducting quality assessment and improvement activities, auditing functions, cost-management analysis, and customer service. An example would be an internal quality assessment review.

We may also create and distribute de-identified health information by removing all references to individually identifiable information.

Any other uses and disclosures will be made only with written authorization. A patient may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Clients have the following rights with respect to their protected health information, which they can exercise by presenting a written request to the Privacy Officer:

- The right to request restrictions on certain uses and disclosures of protected health information, including those related to disclosures to family members, other relatives, close personal friends, or any other person identified. We are; however, not required to agree to a requested restriction. If we do agree to a restriction, we must abide by it unless the client agrees in writing to remove it.
- The right to reasonable requests to receive confidential communications of protected health information from us by alternative means or at alternative locations.
- The right to inspect and copy protected health information.
- The right to amend protected health information.

- The right to receive an accounting of disclosures of protected health information.
- The right to obtain a paper copy of this notice from us upon request.

We are required by law to maintain the privacy of client's protected health information and to provide them with notice of our legal duties and privacy practices with respect to protected health information. It is an employee's responsibility to:

- Lock up copies of client records.
- Position copies/original documentation in trunk or face down while in a vehicle.
- Take only written information related to the client visit into a client's home.
- Take extreme care to ensure that no one can hear any client information other then the authorized person to whom you are relaying this information. (Both in face to face and telephone conversations)
- In offices where the public may come in, take precautions to ensure that charts and other written information are not seen by visitors. (Turn client information face down on desks, etc.)

Acknowledgement and Signature

I verify that I have read and understand the above information regarding Human Touch Home Health Care's HIPAA Privacy Policy. Any questions or concern I have regarding HIPAA will be directed to the agency's Administrator. I agree to act in accordance with the policy of the company regarding HIPAA and understand I may subjected to disciplinary actions, up to and including termination of employment, and/or civil and criminal action for violating this policy or failing to report any violation of this policy.

Signature: _____ Date: _____

Print Name: _____

Drug Screen Consent

I agree that I will consent to and undergo a pre-employment drug screen. I am aware that I may obtain these pre-employment checks at a facility designated by the agency. The pre-employment drug screen shall be for the purpose of determining the presence of illegal drugs or alcohol.

In the event of a positive drug screen results, I understand and agree that the agency shall reserve the right to utilize such results and make a no hire decision based thereon.

As a condition of my employment, I agree that at such times during my employment, should the agency require, I will consent to and undergo a random drug screen to test for the presence of illegal drugs or alcohol in my system. I further agree that should such post-employment drug screen return with positive results, the agency shall reserve, without recourse, the right to terminate my employment with the company and such termination would be considered a voluntary resignation. I understand that I would not be eligible for rehire by the company.

Acknowledgement and Signature

I further state that I have read the foregoing agreement and understand the consents thereof. I certify that I am signing this form of my own free will.

Full Name: _____
Last First MI

Signature: _____ Date: _____

TRANSPARENT
INFORMATION SERVICES

SUBJECT RELEASE AND AUTHORIZATION

Transparent Information Services, LLC (TIS) is hereby authorized to conduct a background investigation on me in the course of consideration for possible employment by Human Touch Home Health Care. I voluntarily and knowingly authorize, without reservation, any duly authorized agent of TIS to obtain from any law enforcement agency, drug screening firm state, county or federal agency, present employer or supervisor, landlord, past employer or supervisor, finance bureau/office, credit bureau, collection agency, college, university or other institute of learning or certification, private business, military branch or the National Personnel Records Center, personal reference and/or other persons , and voluntarily and knowingly authorize the same to give, records or information that they may have concerning my criminal history, motor vehicle history, earnings history, credit history, character, employment records, record of attendance and earned degrees or certificates, or any other information requested, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I voluntarily, knowingly and unconditionally release all such persons, including any named or unnamed informant, from any and all liability resulting from the furnishing of this information. A photographic, faxed or e-mailed copy of this authorization shall be as valid as the original.

Transparent Information Services, LLC is only an information provider and does not make hiring decisions

PROVIDE THE FOLLOWING INFORMATION / PLEASE WRITE LEGIBLY AND IN BLACK INK

FULL NAME: _____

FORMER/MAIDEN/ALIAS/OTHER NAMES USED: _____

POSITION FOR WHICH YOU ARE APPLYING: _____

ADDRESS HISTORY FOR THE MOST RECENT 7 YEAR PERIOD (USE AN ADDITIONAL SHEET IF NEEDED):

ADDRESS	CITY/STATE/ZIP CODE	COUNTY	DATES OF RESIDENCE

DRIVER'S LICENSE NUMBER: _____ STATE: _____

NAME AS IT APPEARS ON LICENSE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH (MANDATORY): _____ SEX: _____ RACE: _____

****THE INFORMATION PROVIDED ABOVE IS FOR THE PURPOSES OF INITIATING A BACKGROUND CHECK AND WILL NOT BE USED BY THE PROSPECTIVE EMPLOYER IN THE HIRING DECISION****

I understand that the information that I have provided is for the purposes of a background check only and that TIS, LLC is not the Employer but a background screening company, not owned or operated by the Employer. I further acknowledge that my date of birth, sex and race are to be used for investigative purposes by TIS, LLC where this search criteria may be required by certain agencies listed in the top paragraph of this form and shall not be used for the purpose of making a hiring decision.

☐ **CALIFORNIA, OKLAHOMA, and MINNESOTA RESIDENTS ONLY:** If you are a current California, Oklahoma, or Minnesota resident and would like to request a copy of your Consumer Report or Investigative Report, please check the box. This report may include character and reputation information obtained through personal interviews.

Signature: _____ **Date:** _____

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