

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

“Employer”	Position applying for
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PERSONAL DATA

Name (last, first, middle)			
Street Address and/or Mailing Address	City	State	Zip
Home Telephone Number	Business Telephone Number	Cellular Telephone Number	
Date you can start work	Salary Desired	Do you have a High School Diploma or GED? Yes <input type="checkbox"/> No <input type="checkbox"/>	

POSITION INFORMATION Check all that you are willing to work

Hours: Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>	Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Swing <input type="checkbox"/>	Graveyard <input type="checkbox"/>	Weekends <input type="checkbox"/>	Status: Regular <input type="checkbox"/>	Temporary <input type="checkbox"/>
Are you authorized to work in the U.S. on an unrestricted basis?							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) If yes, explain:							Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you been told the essential functions of the job or have you been viewed a copy of the job description listing the essential functions of the job? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Can you perform these essential functions of the job with or without reasonable accommodation? Yes <input type="checkbox"/> No <input type="checkbox"/>								

QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.

	School Name	Degree	Address/City/State
School			
School			
Other			

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

REFERENCES Please list three professional references not related to you, with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, unrelated references.

Name	Address/City/State	Phone	Relationship

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary. (INCLUDE PAID AND UNPAID POSITIONS)

Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

May we contact your present employer? Yes No N/A

Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving	Starting Salary	Ending Salary

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Employer to make an investigation of any of the facts set forth in this application and release the Employer from any liability. The employer may contact any listed references on this application.

I acknowledge and understand that the company is an "at will" employer. Therefore, any employee (regular, temporary, or other type of category employee) may resign at any time, just as the employer may terminate the employment relationship with any employee at any time, with or without cause, with or without notice to the other party.

Applicant Signature

Date



NURSES CARE, INC.
INTERVIEW QUESTIONNAIRE

APPLICANT NAME :

DATE :

1. Why are you interested in Home Health?
2. What Home Health experience have you had?
3. Describe the type of patients you have cared for recently. What types of care have you done?
4. What qualities do you feel you can give to this position?
5. On what areas of weakness would you need more orientation?
6. Are there any parts of the job description below that you cannot fulfill at this time?
 - 1) Do you have any previous involvement as a defendant In a professional malpractice?
 - 2) Have you ever had your professional license revoked, suspended or disciplinary action taken against you?
 - 3) Are you able to transfer up to 50 lbs?
 - 4) Are there any problems with pets?
 - 5) Do you have a valid Ohio Driver's License?
 - 6) Do you have your own reliable transportation?
 - 7) Do you have liability auto insurance of \$100,000/person, \$300,000/accident ?

Also For Home Health Aides:

- 1) Are you a high school graduate or G.E.D. ?
- 2) Are you certified as an Aide?

7. **Availability**

Monday through Friday
Saturday & Sunday

Applicant's signature

Date

Interviewer's signature

Date



Telephone: 513-424-1141

Fax: 513-424-0520

www.nursescareinc.com

WORK REFERENCE FORM

Date: _____

To: _____

Regarding: _____ SS# _____

The above-named person has applied to Nurses Care Inc for a position of _____

And we would appreciate your assistance in providing the information requested below. Thank you!

Signature _____

Dates of Employment _____ Position(s) _____

Salary _____

Reason for termination of employment _____

Eligible for rehire: Yes _____ No _____

Please rate the applicant in the following area:

	Above Average	Average	Below Average
Attendance and Punctuality	_____	_____	_____
Quality of Work	_____	_____	_____
Motivation/Initiative	_____	_____	_____
Job Knowledge/Skills	_____	_____	_____
Willingness to Accept Direction	_____	_____	_____
Cooperation with others	_____	_____	_____

Comments _____

Signature/Title _____ Date: _____

I authorize Nurses, Care Inc to conduct my former employers as they see fit to verify the facts and information furnished about my qualifications. I hereby release any such employer or person from all liability, whatever in nature, on account of furnishing such information. I will not hold Nurses Care, Inc liable in any respect if I am not employed or employment is terminated because of any information obtained in the reference check.

EMPLOYEE'S HEALTH QUESTIONNAIRE

Nurses Care Incorporated is committed to the health and safety of its staff. As part of these commitments, this Medical Questionnaire should be completed by all staff prior to commencing employment with us.

Nurses Care Incorporated, is a diligent employer and takes its legal obligations very seriously. Consequently, we are required to make assessments of risks to which our employees may be exposed at work, and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. All questions asked are asked in the spirit of the Equality Act 2010. This questionnaire, where necessary, will be supplemented by a further medical assessment and, as indicated in your Offer Letter, our offer of employment is conditional on your satisfactory completion and return of this questionnaire and there being no new issues that cause concern upon which we were not previously informed/aware pre your receipt of your offer of employment.

This questionnaire should be completed as fully as possible and to the best of your knowledge.

PLEASE COMPLETE ABOUT YOU INFORMATION

Position offered:	
Personal Information	
Name	
Sex:	
Date of Birth	
Current address:	
Daytime telephone number:	
Physician Name:	

MEDICAL HISTORY

Please complete the following questions by ticking the appropriate box. If the answer is 'yes', give details including (a) date, (b) amount of time lost from work, (c) treatment, as appropriate.

Have you ever suffered from any of the following illnesses?

	Yes	No	If yes, please give details
Visual defects / eye conditions (including colour blindness)			
Hearing defects / ear conditions			
Severe anxiety, depression, other psychiatric disorder			
Paralysis or other neurological disorder			
Fainting attacks, blackouts, epilepsy or fits			
Recurrent headaches, migraine			
Vertigo, giddiness or tinnitus			
Heart disease, high blood pressure			

EMPLOYEE'S HEALTH QUESTIONNAIRE

Asthma, bronchitis, tuberculosis or other chest disease			
Peptic ulcer or other digestive or bowel disorder			
Liver disorder			
Kidney or bladder problems			
Gynaecological problems			
Recurrent backache, arthritis, rheumatism			
Any blood disorder			
Eczema, dermatitis, other skin conditions			
Diabetes, thyroid or other gland problems			
Hayfever, allergies to drugs, animals etc			
Any recurrent infections			
Any impairment of immunity to infection			
Varicose veins causing trouble			
Hernia			
Any alcohol or drug related problems/illness			
Any other medical condition, physical or mental, not mentioned above			

Declaration

I declare that the information I have given in this form is, to the best of my knowledge, true and complete. I understand that if it is subsequently discovered any statement is false or misleading, or that I have withheld relevant information, I may be dismissed. I hereby give my consent to the Company processing the data supplied on this application form.

Signed: _____

Date: _____

APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION

_____ as a condition of employment, and/or continued employment, that all applicants consent to and authorize a verification of the information submitted on their application or resume. Please read this statement carefully.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

This release and authorization acknowledges that this Company may now, or at any time while I am employed or representing the company, conduct a verification of my education, employment history, credit history, and/or motor vehicle records. In addition this company may contact personal references, require that I provide a urine specimen or hair strands to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements. Also, if an offer of employment has been made, I authorize review of my worker's compensation claim history.

I authorize Nurses Care Inc and any of its agents and/or employees to disclose verbally and in writing the results of this verification process to the designated authorized representatives of this Company. The results will be used to determine employment eligibility under this Company's employment policies. Under no circumstances will ESA provide or disclose any information regarding your credit history. We do not share, disclose or sell any information that can be used to authenticate your identity such as your Social Security Number, Date of Birth or Mother's Maiden Name.

I have read and understand this release and consent, and I authorize the background verification. I authorize persons, schools, current and former employers, and other organizations and Agencies to provide Employment Screening Associates with all information that may be requested, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of any requested information. I agree that any copy of this document is as valid as the original.

I do hereby agree to forever release and discharge this Company, its agent, and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint filed with any agency arising from the retrieving and reporting of information. According to the Federal Fair Credit Reporting Act, I am entitled to know if employment was denied based on information obtained by my prospective employer, and to receive, upon written request, a disclosure of the public record information and of the nature and scope of the investigative report. If I am a resident of Minnesota, California or Oklahoma only and would like a copy of the investigative report, I will check here .

Please provide all requested information and provide addresses for the last seven- (7) years

Applicant's Name: FIRST MIDDLE LAST _____ Maiden Or Other Name(s) _____

Current Address - Street, City, State, Zip _____ How Long _____

Previous Address - City, State, Zip _____ How Long _____

Previous Address - City, State, Zip _____ How Long _____

Social Security Number _____ Date of Birth (for confirmation of ID only) _____

Drivers License Number State _____ Name - exactly as it appears on Driver's License _____

Email Address _____

Yes No

Authorization to contact present employer for reference?

Signature _____

Date _____

Criminal History

Have you been convicted or plead guilty to a crime in the last 7 years? Yes No

• Brief description of crime: _____ Misdemeanor / Felony
Please Circle

• Date: _____ Place of conviction: _____
City State County

List additional convictions: _____

Release of Background Check Results Send to:

Nurses Care Incorporated
571 Congress Park Drive
Suite 200
Dayton, Ohio 45459
513-424-1141

Fingerprint Reason for Request: 3701.881

Name: _____ Title: _____
Address: _____
City, State, Zip: _____
Daytime Phone: _____
SSN: _____ Branch: _____
Date of Birth: _____ Place of Birth: _____

Release of Background Check Results

I certify that I have given Nurses Care, Inc. permission to obtain all criminal history information pertaining to me in the files of the Ohio Bureau of Criminal Identification and Investigation (BC&I) and the Federal Bureau of Investigation (FBI) (if requested), and to release that information to Nurses Care, Inc.

By placing my fingerprint images on the WEBCHECK Scanner, I am authorizing BC&I to release criminal history information about me to Nurses Care, Inc.

I hereby release BCI&I and any individuals connected therewith from all liability in connection with dissemination of such criminal history information.

SIGNATURE: _____ **DATE:** _____

Attestation and Agreement to Notify Employer

I hereby attest that I have not: 1) been convicted of, 2) pleaded guilty to, or 3) been found eligible for intervention in lieu of conviction, for any of the disqualifying offenses listed below and agree that I will notify my employer, _____, (Employer's Name) within 14 calendar days, if while employed, I am formally charged with, am convicted of, plead guilty to, or am found eligible for intervention in lieu of conviction for any of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment.

(Applicant's Signature)

(Date Signed)

(Applicant's Name Printed)

Tier 1 Disqualifying Offenses (Permanent Exclusion):

2903.01 (aggravated murder)
2903.02 (murder)
2903.03 (voluntary manslaughter)
2903.11 (felonious assault)
2903.15 (permitting child abuse)
2903.16 (failing to provide for a functionally impaired person)
2903.34 (patient abuse and neglect)
2903.341 (patient endangerment)
2905.01 (kidnapping)
2905.02 (abduction)
2905.32 (human trafficking)
2905.33 (unlawful conduct with respect to documents)
2907.02 (rape)
2907.03 (sexual battery)
2907.04 (unlawful sexual conduct with a minor, formerly corruption of a minor)
2907.05 (gross sexual imposition)
2907.06 (sexual imposition)
2907.07 (importuning)
2907.08 (voyeurism)
2907.12 (felonious sexual penetration)
2907.31 (disseminating matter harmful to juveniles)
2907.32 (pandering obscenity)
2907.321 (pandering obscenity involving a minor)

2907.322 (pandering sexually oriented matter involving a minor)
2907.323 (illegal use of minor in nudity-oriented material or performance)
2909.22 (soliciting/providing support for act of terrorism)
2909.23 (making terrorist threat)
2909.24 (terrorism)
2913.40 (Medicaid fraud)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
A conviction related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct involving a federal or state-funded program, excluding the disqualifying offenses set forth in section 2913.46 of the Revised Code (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits).
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 2 Disqualifying Offenses (Ten-Year Exclusion):

2903.04 (involuntary manslaughter)
2903.041 (reckless homicide)
2905.04 (child stealing) as it existed prior to July 1, 1996
2905.05 (criminal child enticement)
2905.11 (extortion)
2907.21 (compelling prostitution)
2907.22 (promoting prostitution)
2907.23 (enticement or solicitation to patronize a prostitute, procurement of a prostitute for another)
2909.02 (aggravated arson)
2909.03 (arson)
2911.01 (aggravated robbery)
2911.11 (aggravated burglary)
2913.46 (illegal use of supplemental nutrition assistance program [SNAP] or women, infants, and children [WIC] program benefits)
2913.48 (workers' compensation fraud)
2913.49 (identity fraud)
2917.02 (aggravated riot)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2923.12 (carrying concealed weapon)
2923.122 (illegal conveyance or possession of deadly weapon or dangerous ordnance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone)
2923.123 (illegal conveyance, possession, or control of deadly weapon or dangerous ordnance into courthouse)
2923.13 (having weapons while under disability)
2923.161 (improperly discharging a firearm at or into a habitation or school)
2923.162 (discharge of firearm on or near prohibited premises)
2923.21 (improperly furnishing firearms to minor)
2923.32 (engaging in pattern of corrupt activity)
2923.42 (participating in criminal gang)
2925.02 (corrupting another with drugs)
2925.03 (trafficking in drugs)
2925.04 (illegal manufacture of drugs or cultivation of marihuana)
2925.041 (illegal assembly or possession of chemicals for the manufacture of drugs)
3716.11 (placing harmful objects in food or confection)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 3 Disqualifying Offenses (Seven-Year Exclusion):

959.13 (cruelty to animals)
959.131 (prohibitions concerning companion animals)
2903.12 (aggravated assault)
2903.21 (aggravated menacing)
2903.211 (menacing by stalking)
2905.12 (coercion)
2909.04 (disrupting public services)
2911.02 (robbery)
2911.12 (burglary)
2913.47 (insurance fraud)
2917.01 (inciting to violence)
2917.03 (riot)
2917.31 (inducing panic)
2919.22 (endangering children)
2919.25 (domestic violence)
2921.03 (intimidation)
2921.11 (perjury)
2921.13 (falsification, falsification in theft offense, falsification to purchase firearm, or falsification to obtain a concealed handgun license)
2921.34 (escape)
2921.35 (aiding escape or resistance to lawful authority)
2921.36 (illegal conveyance of weapons, drugs, or other prohibited items onto grounds of detention facility or institution)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.05 (funding of drug or marihuana trafficking)
2925.06 (illegal administration or distribution of anabolic steroids)
2925.24 (tampering with drugs)
2927.12 (ethnic intimidation)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.

Tier 4 Disqualifying Offenses (Five-Year Exclusion):

2903.13 (assault)
2903.22 (menacing)
2907.09 (public indecency)
2907.24 (soliciting after positive human immunodeficiency virus test)
2907.25 (prostitution)
2907.33 (deception to obtain matter harmful to juveniles)
2911.13 (breaking and entering)
2913.02 (theft)
2913.03 (unauthorized use of a vehicle)
2913.04 (unauthorized use of property, computer, cable, or telecommunication property)
2913.05 (telecommunications fraud)
2913.11 (passing bad checks)
2913.21 (misuse of credit cards)

2913.31 (forgery, forging identification cards)
2913.32 (criminal simulation)
2913.41 (defrauding a rental agency or hostelry)
2913.42 (tampering with records)
2913.43 (securing writings by deception)
2913.44 (personating an officer)
2913.441 (unlawful display of law enforcement emblem)
2913.45 (defrauding creditors)
2913.51 (receiving stolen property)
2919.12 (unlawful abortion)
2919.121 (unlawful abortion upon minor)
2919.123 (unlawful distribution of an abortion-inducing drug)
2919.23 (interference with custody)
2919.24 (contributing to unruliness or delinquency of child)
2921.12 (tampering with evidence)
2921.21 (compounding a crime)
2921.24 (disclosure of confidential information)
2921.32 (obstructing justice)
2921.321 (assaulting/harassing police dog or horse/service animal)
2921.51 (impersonation of peace officer)
2923.01 (conspiracy) when the underlying offense is any of the offenses or violations on this list
2923.02 (attempt) when the underlying offense is any of the offenses or violations on this list
2923.03 (complicity) when the underlying offense is any of the offenses or violations on this list
2925.09 (illegal administration, dispensing, distribution, manufacture, possession, selling, or using any dangerous veterinary drug)
2925.11 (drug possession other than a minor drug possession offense)
2925.13 (permitting drug abuse)
2925.22 (deception to obtain dangerous drugs)
2925.23 (illegal processing of drug documents)
2925.36 (illegal dispensing of drug samples)
2925.55 (unlawful purchase of pseudoephedrine product)
2925.56 (unlawful sale of pseudoephedrine product)
A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations on this list.