



Servant's Heart Home Health Services

Application For Employment - Nursing

1714 Dividend Drive, Logansport, IN 46947 | 4101 S Dixon Rd, Kokomo, IN 46902 | 866-739-1776 | www.servantsheartservices.com

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Wage Desired	Position(s) Sought: <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> Other:
--	--------------	---

General Information

Last Name	First Name	Middle Name
Address		Home Phone Cell/Other Phone
City	State Zip Code	Email Address
Social Security Number	Driver's License Number (If Applicable)	Date Issued

Are you legally eligible to accept employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	When are you available to start work?
---	---------------------------------------

What days are you available to work? Also include the hours that you are available to work for each day.

Sunday Hours:
 Tuesday Hours:
 Thursday Hours:
 Saturday Hours:

Monday Hours:
 Wednesday Hours:
 Friday Hours:

Education

High School, College, and/or other institutions attended. Begin with most recent.	Field of Studies/Major/Minor	Degree/Diploma/Certificate	Date obtained or expected

Background Information

Since our employees may have direct contact with our clients, please provide the following information regarding any criminal history.

Have you ever been **charged** with a crime? If you answered "Yes" to this question, please provide more information below.

No Yes, how many charges: _____
 If you answered "No", please skip ahead to Work Experience.

Have you ever been **convicted** of a crime? No Yes, how many convictions: _____

Describe your convictions, beginning with the most recent.

Nature of the Charge	Were you convicted?	Year of the charge
What rehabilitation have you undergone?		
Nature of the Charge	Were you convicted?	Year of the charge
What rehabilitation have you undergone?		
Nature of the Charge	Were you convicted?	Year of the charge
What rehabilitation have you undergone?		

Work Experience

Describe all work experience (paid and unpaid) starting with most recent.

Position	Name of Company/Employer	Phone	<input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: (specify)
Supervisor's Name	Dates Employed	Wages Earned	
Duties	Reason(s) for Leaving		
Position	Name of Company/Employer	Phone	<input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: (specify)
Supervisor's Name	Dates Employed	Wages Earned	
Duties	Reason(s) for Leaving		
Position	Name of Company/Employer	Phone	<input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: (specify)
Supervisor's Name	Dates Employed	Wages Earned	
Duties	Reason(s) for Leaving		
Position	Name of Company/Employer	Phone	<input type="checkbox"/> Part-time (# of hours/wk) <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: (specify)
Supervisor's Name	Dates Employed	Wages Earned	
Duties	Reason(s) for Leaving		

May we contact your previous employers? Yes No

Other Experience

Please list any other experiences you have had that might qualify you to be an employee with Servant's Heart Home Health Services. Include hobbies, volunteer experience, or any other relevant activities.

Physical Abilities Required on the Job

Please check what you are able to perform below, as certain physical activities and movements may be required on the job.

<input type="checkbox"/> Twisting	<input type="checkbox"/> Using Stepstools	<input type="checkbox"/> Carrying up to 10 lbs.	<input type="checkbox"/> Reaching at shoulder
<input type="checkbox"/> Stooping/Bending	<input type="checkbox"/> Lifting up to 10 lbs.	<input type="checkbox"/> Carrying 11-24 lbs.	<input type="checkbox"/> Reaching below shoulder
<input type="checkbox"/> Kneeling	<input type="checkbox"/> Lifting 11-24 lbs.	<input type="checkbox"/> Carrying 25-50 lbs.	
<input type="checkbox"/> Crawling	<input type="checkbox"/> Lifting 25-50 lbs.	<input type="checkbox"/> Carrying over 50 lbs.	
<input type="checkbox"/> Climbing Stairs	<input type="checkbox"/> Lifting over 50 lbs.	<input type="checkbox"/> Reaching above shoulder	

Nursing Experience Checklist - Indicate below the fields in which you are experienced.

Field	Experienced? (Y/N)	Yrs/Mos. of Exper.	Field	Experienced? (Y/N)	Yrs/Mos. of Exper.
Ambulatory Care			Hospice		
Cardiac Rehab			Labor/Delivery		
Chemical Dependency			Neurology		
Coronary Care			Nursery		
Dialysis			OB/Post Partum		
Emergency			Oncology		
Geriatrics			OR		
Gynecology			Orthopedics		
Home Health Care			Pediatrics		

Have you had other home health care experience? No Yes, please explain your experience below (including time frame):

Have you worked:	Never	A few times	Many times	Position / Employer
A full 8 hour shift				
Evenings				
Nights				
Weekends				
10/12 hour shifts				

RN's and LPN's only: Please check indicating actual experience.

Field	No	Yes	Competent to Perform	Field	No	Yes	Competent to Perform
Blood Administration				Irrigation: Catheter			
Blood Glucose Monitoring				Irrigation: NG			
Cardiac Monitoring				Integumentary System Care			
Chest Tubes				Medicare Regs/Compliance			
CPM Machine				Neuro/Seizure Care			
CPR (current certificate)				NG Insertion/Care			
CVP Monitoring				Oasis Assessments			
Decubitus Care				Pacemakers			
Diabetic Care				PCA			
Endocrine System Care				Port-A-Cath			
Enemas				Pulmonary/Respiratory Care			
Epidural Analgesia Care				Stoma/Ostomy Care			
Hepatobiliary/Pancreatic Care				Suctioning			
HIV/AIDS Care				Supervisory Visits (HHA)			
Home Health Care				Teaching – Patients/Staff			
Hospice Care				Telehealth System			
IV Therapy – Venipuncture				Trach Care			
Infection/Immunologic Care				Traction			
Infusion Pumps				Transcription of Orders			
Arterial Lines				Tube Feeding			
Central Lines				Universal Precautions			
Infusion Pumps				Ventilators			
Arterial Lines				Wound Care			
Chemotherapy/Oncology				Wound Vac			

Computer Skills

Do you have any computer skills that would benefit your employment with Servant's Heart Home Health Services? Yes No
 If "Yes", describe the skills you have that may apply.

References

Please provide us with contact information for three personal references (other than relatives).

Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone

Summary

Demonstrate your suitability for position(s) sought, by outlining your career objectives and elaborating on the factual material already presented. Show how your experience (educational, extracurricular and work) is relevant to the position(s), organization, and/or field of work for which you are applying.

Applicant Consent Form for Pre-Employment Investigation

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment. In consideration of your review of my application for employment, I hereby voluntarily consent to and authorize the above employer or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment.

I agree that this consumer report may include any of the following:

- Criminal Records
- Civil Cases
- Motor Vehicle Records
- Military Service Verification
- Credentials Verification
- Education Verification
- Employment Verification
- Personal Identity Verifications
- Past Employment Verification
- Reference Checks
- Credit Report

I authorize all persons and organizations that may have information relevant to this form to disclose such information to the above employer or its authorized agents. I hereby release the above employer, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand that I have specific prescribed right as a consumer under the federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law.

Signature

By signing below, I certify that I have given Servant's Heart Home Health Services my permission to perform a criminal background check prior to being hired. I also understand that any omission or misrepresentation with respect to the information I have provided in this application may be cause for denial or immediate termination of employment. **(Date of birth needed for purpose of criminal background check only)**

_____/_____/_____/_____ Signature Date of Birth: ____/____/_____
 Today's Date Day Month Year

Thank you for your time and effort in applying for a position with Servant's Heart! We appreciate your interest in working with our company.
Best wishes,

The Staff at Servant's Heart Home Health Services

**Servant's Heart Home Health Services is an equal opportunity employer.
All information you share on this application will be kept confidential. Applications will be retained in our files for 90 days.**