

APPLICATION FOR EMPLOYMENT

St. Louis Home Health (also d.b.a. Illinois Home Health) is an equal opportunity employer and does not discriminate against any applicant because of race, color, sex, religion, marital status, age, national origin, disability, veteran status, citizenship, or other protected status.

Complete entire application. Do not reply with "see resume".

PERSONAL INFORMATION				
Last Name	First Name	MI	Previous Name(s)	
Address		City		State
Zip				
Home Phone	Cell Phone	Email		

Position Desired	Salary Desired	Date Available	Check All That You Would Consider Working <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Weekends	
Have you ever been employed by St. Louis Home Health? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		
How were you referred? <input type="checkbox"/> Company Employee <input type="checkbox"/> Website <input type="checkbox"/> Other (specify)				

ADDITIONAL INFORMATION	
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or plead guilty to, a crime other than a misdemeanor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on the page 3	
Have you ever been involved in the substantiated abuse or neglect of children or adults under the laws of this or any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on the page 3	
Have you been sanctioned, cited, reported, or excluded from participation in Medicare, Medicaid, or any other healthcare related law or regulation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on page 3	
If your answer is "yes" to any of the above, you will not be automatically disqualified from employment consideration, except as required by state or federal law.	

EDUCATION /SKILLS			
Name & Location	Last Year Completed	Major	Degree Earned
High School / GED			
College / Tech School			
Advanced Degree			
Other special courses/certifications			
List office skills including computer/software experience			

License Verification
Have you, or any license or right to practice held by you, been restricted or disciplined with such disciplinary action to include, but not limited to, revocation, suspension, probation, censure, or reprimand, whether voluntarily agreed to or not, by any US State, territory, or federal agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details on the page 3

Driver's License	State	Expiration Date
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Type of License/Certification <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> PT <input type="checkbox"/> PTA <input type="checkbox"/> OT <input type="checkbox"/> COTA <input type="checkbox"/> SLP <input type="checkbox"/> MSW <input type="checkbox"/> CNA Other: _____		
License/Certification #	State	Expiration Date

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License/Certification #	State	Expiration Date

Employment History (Starting with most recent)		
Company Name		Employment start & end date
Address		Phone
Supervisor's Name		Last pay rate
Job Title	Reason for leaving	
Description of Duties		

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Address		Phone
Supervisor's Name		Last pay rate
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Supervisor's Name		Last pay rate
Job Title	Reason for leaving	
Description of Duties		

EMPLOYEE REFERENCE

I, _____, have applied for employment with St. Louis Home Health.

Name of Applicant

I authorize them to collect any information concerning my qualifications and past performance. Further, I hereby release the company or person completing this form of any and all liability in supplying the requested information.

Signature

Date

Reference Information (Applicant list your reference in this section)			
NAME OF YOUR REFERENCE	TITLE	ADDRESS	
COMPANY			
POSITION OF YOUR REFERENCE			
		PHONE	FAX

APPLICANT DO NOT WRITE BELOW THIS LINE

Employment Reference	
POSITION HELD	WOULD YOU REHIRE? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF NO, WHY NOT?	

Check (✓) Appropriate Rating	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
Quality of Work			
Attendance/Dependability			
Cooperation/Attitude			
Follows Directions (Verbal & Written)			
Leadership if applicable			

Additional Comments

Signature

Date

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