

Application for Employment

New Life Home Health Care, LLC is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

PLEASE TYPE OR PRINT. Complete the entire application. You may attach a resume, but you must still complete all questions; or your application will be deemed incomplete and may not be considered. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position.

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|--|-----------------------------|--------------------|--|--|
| Position Applying For: | Name (Last, First, Middle): | | | Other names under which you have attended school or been employed: |
| JOB #: | | | | |
| Street Address: | | City, State & Zip: | | Salary Expectations per |
| Social Security Number: | Home Phone: | Work Phone: | Other Phone: | |
| Are you eligible to work in the United States? | Yes | No | | |
| Are you 18 years of age or older? | Yes | No | If NO, what is your current age? | |
| Are you currently employed at (company)? | Yes | No | If YES, what is your current job title & department? | |
| Have you ever been employed by (company)? | Yes | No | If YES, dates of employment & reason for leaving: | |
| Are you related to any current (company employee)? | Yes | No | If YES, their name & their relationship to you? | |
| If required for position, do you have a valid driver's license? | Yes | No | If YES, State of issuance, license #, and expiration date: | |
| How did you learn about this employment opportunity at ? Check all that apply: Ad in <i>newspaper</i> Job Bulletin (Posting) /Walk-in q Website Dept. of Labor Ad in <i>magazine</i> Referral by employee Other: | | | | |

EDUCATION

| Name of School | City/State | Did you graduate? | If No, # of years left to graduate | If Yes, date of Graduation | Degree received | Major |
|--|------------|-------------------|------------------------------------|----------------------------|-----------------|-------|
| <i>High School:</i> | | Yes No | | | | |
| <i>GED:</i> | | Yes No | | | | |
| Other School: | | Yes No | | | | |
| <i>College:</i> | | Yes No | | | | |
| College: | | Yes No | | | | |
| <i>College:</i> | | Yes No | | | | |
| Other credentials/ licenses/ professional affiliations, etc., which are relevant to the job(s) for which you are applying. | | | | | | |

SKILLS: Please list professional skills, technical skills, clerical skills, trade skills, etc., relevant to this position. Include relevant computer systems and software packages of which you have a working knowledge, and note your level of proficiency (basic, intermediate, expert)

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WORK EXPERIENCE-Please detail your entire work history. Begin with your current or most recent employer. If you held multiple positions with the same organization, detail each position separately. Attach additional sheets if necessary. Omission of prior employment may be considered falsification of information. Please explain any gaps in employment. Include full-time military or volunteer commitments. **PLEASE DO NOT** complete this information with the notation "See Resume."

PLEASE NOTE: New Life Home Health Care, LLC reserves the right to contact all current and former employers for reference information.

| | | |
|--|--|---|
| Dates Employed (most recent position) From: To | Full time Part-time If part-time, # hrs./wk: | Title: |
| Starting Salary: | Organization Name and Address: | |
| Final Salary: | | |
| Supervisor's Name, Title and Phone #: | Other Reference Name, Title and Phone #: | Contact my current references/employer: At any time Only if I am a finalist candidate |
| Primary duties: | | Reason for Leaving: |
| Dates Employed (most recent position) From: To | Full time Part-time If part-time, # hrs./wk: | Title: |
| Starting Salary: | Organization Name and Address: | |
| Final Salary: | | |
| Supervisor's Name, Title and Phone #: | Other Reference Name, Title and Phone #: | Contact my current references/employer: At any time Only if I am a finalist candidate |
| Primary duties: | | Reason for Leaving: |

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize New Life Home Health Care, LLC to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of New Life Home Health Care, LLC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law.

If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State or Federal security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis or contractual basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. If employed on a regular, benefits-eligible basis, I understand that when the retirement benefit is made available I would be required to make mandatory contributions to the New Life Home Health Care LLC Retirement System or to an optional retirement program, if applicable.

I understand that prior to be employed (contractual, part-time, or full-time) that I bring in documentation of trainings (Confidentiality and HIPAA Compliance, Recipient Rights, Blood Borne Pathogens, and other trainings that are related to the required agency's training program. I also understand that if hired I must complete 20 hours annually of required training as specified in the employee handbook.

I understand that any benefits I receive may be subject to change or discontinuation at any time without prior notice. I understand that the first SIX MONTHS of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____