



APPLICATION FOR EMPLOYMENT



Able Hands Homecare is an equal opportunity employer. Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, disability, or any other basis prohibited by law, unless such basis constitutes a bona fide occupational qualification. Able Hands Homecare will comply with its legal obligation to provide reasonable accommodation to qualified disabled applicants.

Date:

General Information

Social Security #: - -

Name LAST FIRST MIDDLE

ANY other Name you have EVER gone by (Maiden or Other)

Address NUMBER STREET CITY STATE ZIP CODE

How long at this address:

If you have resided at this address less than one year, or if it is a temporary address, list your prior address:

Address NUMBER STREET CITY STATE ZIP CODE

Current Telephone () Other Telephone ()

Employment Desired

Position(s) Desired Salary Desired

Are you available to work Full-Time Part-Time Temporary
 On Call Overtime Any Shift

On what date would you be available for work?

Are you on a lay-off and subject to recall? Yes No

How were you referred to employment with us?

Qualifications

Are you a U.S. citizen or an alien legally entitled to work in the position(s) for which you have applied? Yes No
Federal law requires applicants to present certain documentation to verify their identity and United States citizen status or, if an alien, their legal authorization to work in the United States.

Are you 18 years of age or older? Yes No If no, date of birth:

Have you ever been employed by Able Hands Homecare? Yes No

If yes, give date and reason for leaving _____

Type of School	Name of School	City and State	YEARS ATTENDED	DID YOU GRADUATE?	Course Pursued / Degrees Granted
Grade School					
High School					
College or University					
Business, Trade, or Technical School					

Do you have a valid Indiana driver's license? Yes No Do you have valid Auto Insurance? Yes No

Driver's License #: _____ State: _____ Exp. Date: _____

(You will be required to provide proof of both a valid driver's license and auto insurance upon hire)

Have you been a member of the armed forces of the United States? Yes No If yes, state highest rank achieved and any special skills or abilities that directly relates to the job for which you are applying: _____

Notification of OBRA Abuse Check

According to the Omnibus Budget Reconciliation Act of 1987, this agency is prohibited from employing anyone convicted of abusing, neglecting or mistreating clients or who has had a finding entered into the Bureau concerning abuse, neglect, or mistreatment of clients or misappropriation of their monies.

(Conviction or plea will not necessarily disqualify applicant from employment)

*Have you ever been convicted of or pled guilty to a crime of abuse, neglect, or misappropriation of an individual's property or the financial exploitation of an individual? Yes No

*Have you ever had a finding by a court, by a disciplinary board of professional licensing, or by a certification agency, of abuse, neglect, mistreatment of a client or misappropriation of their property? Yes No

*Have you had any other criminal conviction? Yes No

*Have you ever been discharged from any position? Yes No

If yes, please explain _____

*Have you ever had your license revoked? Yes No

If yes, please explain why _____

I, _____ **certify that I HAVE / HAVE NOT been convicted of either a felony or misdemeanor crime under my current name or any other alias.**

Applicant Signature: _____ Date: _____

If YES was checked on ANY of the above, please give a brief description on the back of this sheet.

List the names of three references who are not related to you , whom you have known at least 1 year:

1. _____
 Name Address Telephone Number Business Relationship/Years Known

2. _____
 Name Address Telephone Number Business Relationship/Years Known

3. _____
 Name Address Telephone Number Business Relationship/Years Known

Starting with your present or most recent job, list your employment experience. You may include job related military service assignments and volunteer activities that reflect your qualifications for employment.

DATE MONTH/YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

If you need additional space, please continue on a separate sheet of paper.

Which of the positions listed above did you like best? Why? _____

Which of the positions listed above did you like least? Why? _____

Summarize special job-related skills and qualifications acquired from education, employment, volunteer work, military service or any additional information you feel would be helpful in considering your application.

May we contact the employers listed at the top of this page? Yes No

If no, indicate which one(s) you do NOT wish us to contact, & state why you prefer that we do not contact the employer(s).

Applicant's Statement

(Please indicate that you have read and that you understand each paragraph of the Applicant's Statement by placing your initials beside each paragraph.)

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge. I understand that false, misleading, or omitted information in my application may result in discharge.

_____ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character, general reputation, and personal, and personal characteristics, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including but not limited to, Able Hands Homecare personal references, and previous employers, from any and all liability for any injury or damage that may result from their furnishing information to Able Hands Homecare concerning me or any action Able Hands Homecare takes on the basis of such information.

_____ I agree to submit to a medical examination, including drug testing, if required, and understand that any offer of employment is contingent upon the results of that examination.

_____ I hereby authorize any doctor, hospital, clinic, laboratory, or other medical facility to furnish any medical information with reference to me as may be necessary for the consideration of this application. I understand that this consent to release of medical records is revocable, in writing, by me at any time.

_____ I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by Able Hands Homecare or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other Able Hands Homecare material do not create any guarantee of employment and that Able Hands Homecare has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs within the limits and requirements imposed by law.

_____ I understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Date: _____ Signature of Applicant: _____

THIS APPLICATION WILL NOT BE CONSIDERED ACTIVE AFTER THREE MONTHS



CONFIDENTIAL REFERENCE REQUEST

APPLICANT NAME

SOCIAL SECURITY NUMBER

NAME OF REFERENCE/COMPANY

PHONE NUMBER OR FAX NUMBER

Has applied for employment with Able Hands Homecare as a _____
and has given your name/company as a contact for an employment reference. We would appreciate
you completing this form for us concerning this individual. Thank you.

I hereby release from all liability the company or person named above, and authorize them to release
all information regarding my employment/experiences with them.

SIGNATURE OF APPLICANT

DATE

WORK REFERENCE

Position with Company or how personally associated with applicant: _____

Employment dates/ Dates known applicant: FROM: _____ TO: _____

Is individual still employed: YES NO

Reason for leaving: To accept other employment Dismissed
 Resigned with Notice Other _____

Please have following completed by immediate supervisor if (s)he is still employed, or by personnel office.

	Excellent	Good	Average	Fair	Poor
Quality of work	[]	[]	[]	[]	[]
Quantity of work	[]	[]	[]	[]	[]
Attendance & Punctuality	[]	[]	[]	[]	[]
Conduct & Ethics	[]	[]	[]	[]	[]

Please comment on any rating of "Poor" and feel free to comment on any area rated better than "Average."
Comments may be made on a separate sheet of paper or on the reverse side of this letter.

Would you rehire? YES NO

If No, please explain: _____

Other information helpful for applicant and/or this agency: _____

Verified by: _____ Title: _____ Date: _____



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	Excellent	Good	Average	Fair	Poor
Quality of work	[]	[]	[]	[]	[]
Quantity of work	[]	[]	[]	[]	[]
Attendance & Punctuality	[]	[]	[]	[]	[]
Conduct & Ethics	[]	[]	[]	[]	[]

Please comment on any rating of "Poor" and feel free to comment on any area rated better than "Average."
Comments may be made on a separate sheet of paper or on the reverse side of this letter.

Would you rehire? YES NO

If No, please explain: _____

Other information helpful for applicant and/or this agency: _____

Verified by: _____ Title: _____ Date: _____

Employment Policies and Release Form

There are a number of Able Hands Homecare policies that an applicant needs to know about and agree to before being employed. There are also a number of activities that Able Hands Homecare may want to initiate as part of the review and investigation of the appropriate background information on an applicant. The purpose of this document is to present these policies and investigative activities to the applicant to ensure that they are understood and agreed to at the time the application is submitted.

We, therefore, ask that you please read, complete, and sign this form before you submit your Application for Employment.

Policies

Among the policies that have been adopted at Able Hands are the following that we believe are important for an applicant to know in advance of employment. These are listed below. Your signature on this release form indicates that you have read, understand, and would agree to operate under these policies if employed at Able Hands Homecare.

1. This firm is an equal opportunity employment agency and does not discriminate because of age, sex, race, color, national origin, disability, or religious preference.
2. Able Hands Homecare is a drug and alcohol free workplace. To ensure worker safety and integrity of the workplace, Able Hands Homecare prohibits the illegal manufacture, possession, distribution or use of controlled substances or alcohol in the workplace by employees or those who engage or seek to engage in business with Able Hands Homecare. Offers of employment, therefore, may be conditioned on a physical examination, including a drug and alcohol screening.
3. Smoking is not permitted inside the building at Able Hands Homecare. For the safety and health of its employees, Able Hands Homecare is committed to a smoke-free building.
4. Your signature on this release form indicates that you understand and agree that if employed, that employment is for no definite period, and may, regardless of the date of payment of your wages and salary, be terminated at any time without previous notice.
5. An offer of employment must originate from the management of Able Hands Homecare.

Background Review Activities

Able Hands Homecare may conduct the following investigative activities as part of the background review of prospective employees. Your signature on this release form indicates you understand these activities and you understand these activities and you authorize them to be performed with the conditions specified as listed below.

1. Persons convicted of specific crimes may not hold certain positions at this company. If you are applying for such a position and have been convicted of a felony, please note this below. If more space is needed, please provide the additional information on a separate sheet of paper. In addition, you authorize Able Hands Homecare to undertake a criminal records check with state police officials.
2. You authorize Able Hands Homecare to obtain a motor vehicle record report. Our insurance company may also obtain a report through its sources. If the position you are applying for involves driving a motor vehicle, it is imperative that a good driving record exists.
3. You also authorize and request any and all of your former employers to furnish any and all information regarding your job performance. You agree to hold your former employers and their agents harmless from all liability that could relate in any way to the disclosure of prime information or an assessment or opinion of your suitability from employment.
4. You understand that an offer of employment must originate from the management of Able Hands Homecare.

In closing, we ask that you read and complete where needed the remaining three (3) statements and that your signature on this release form indicates you understand.

1. If an offer of employment is given and I accept, I will read fully the job description for the position of _____ and will notify the hiring manager immediately if I feel that I am unable to perform those work duties included in the job description.
2. I understand that misrepresentation or omission of facts herein is cause for termination, if employed.
3. I have read and understand the attached application and have answered all portions of the application truthfully and correctly with no omissions.

Signature of Applicant: _____

Date: _____

Able Hands Homecare Authorization to Provide Information

I certify that all information I have provided on this application and on any accompanying documents is true and correct. I understand that any false statement I have made herein or my failure to disclose requested information may disqualify me from consideration for employment or if employed, may result in my termination.

I further authorize Able Hands Homecare to know and retain the investigation (provided by myself) of local, state, and federal records relating to any criminal conviction I may have. I release Able Hands Homecare, any investigative facility and their representatives contacted by Able Hands Homecare from all liabilities that may result from any criminal conviction check.

I understand and acknowledge that I may be required to undergo a post-offer, pre-employment physical exam and a post-offer, pre-employment drug screen analysis for substance abuse. I understand that the results may, to the extent permitted by law, result in the revocation of any offer of employment; and as necessary, may release medical information contained within my employee record to their clients and clients' representatives.

I understand and acknowledge that nothing contained in their application or in any interview which I may be granted, is intended to create a contract of employment between Able Hands Homecare and myself. I further understand and acknowledge that, if offered a position with Able Hands Homecare, my employment may be terminated at any time, with or without notice or cause except as otherwise prohibited by law.

Signature of Applicant: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

Applicant Availability

Applicant Name: _____

In home health care, we provide care 24 hours a day, 7 days a week, including holidays. Everyone is expected to work at least every other weekend. During your weekend, we ask that you be available for 8 hours on that Saturday and Sunday. Below, we need to know what your availability is to be able to work daily throughout the week, as well as when it is your weekend to work. Please complete the tables below accordingly.

PLEASE LIST THE TIMES YOU <u>ARE</u> AVAILABLE TO WORK							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
EVENINGS							

(For example; Monday 8a-5p)

PLEASE LIST THE TIMES YOU <u>ARE ABSOLUTELY NOT</u> AVAILABLE TO WORK (DUE TO SCHOOL OR SUCH)							
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNINGS							
EVENINGS							

(For example; Tuesday- 2p-5p School)

PLEASE SELECT YOUR TOP 3 CHOICES OF 8 HOURS TO WORK ON YOUR SCHEDULED WEEKEND (You will write 1 st , 2 nd , 3 rd on each time you select as your 3 choices for each Saturday & Sunday)							
	6A-2P	7A-3P	8A-4P	9A-5P	10A-6P	11A-7P	NOON-8P
SATURDAY							
SUNDAY							

(For example; if you want 7a-3p to be your first choice on Saturday, write 1st in that specific box.)

[THIS DOES NOT MEAN YOU CANNOT WORK MORE THAN 8 HOURS IN A DAY]



Indiana State Police
Criminal History Information
Limited Criminal History
& Fee Exemption
317-233-5424
www.IN.gov/ISP

ID Billing Number Or Customer ID #

PLEASE TYPE OR PRINT ALL INFORMATION

RECORD CHECK ON: (List ALL names you have **EVER** gone by)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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First Name

<input type="text"/>

M.I

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of Birth MM / DD / YYYY

M = Male
F = Female

<input type="text"/>

Sex

W = White B = Black
 U = Unknown M = Multi Racial
 I = American Indian Alaskan
 A = Asian / Pacific Islander

<input type="text"/>

Race

REASON FOR SEARCH

Private Adoption, Employment, Licensing (type), etc.

() _____

Daytime Phone Number

Name	(where this response will be sent)
Mailing Address:	
City, State, ZIP Code	
ATTENTION:	

<p>Limited Criminal History Information – Reason for Request The cost is \$7.00. Mark an "X" in one box below for this request. Certified check or money order must be enclosed if request is mailed. Cash will be accepted <u>only in person</u>. [Correct Change]</p>

- (1) Has applied for employment with a non-criminal justice organization or individual;
- (2) Has applied for a license or is maintaining a license; and has provided criminal history data as required by law to be provided in connection with the license.
- (3) Employment with a state or local governmental entity.
- (4) Is a candidate for public office or a public official;
- (5) Is in the process of being apprehended by a law enforcement agency;
- (6) Is placed under arrest for the alleged commission of a crime;
- (7) Has charged that his rights have been abused repeatedly by criminal justice agencies;
- (8) Is the subject of judicial decision or determination with respect to the setting of bond, plea bargaining, sentencing, or probation;
- (9) Has volunteered services that involve contact with, care of, or supervision over a child who is being placed, matched, or monitored by a social services agency, or a nonprofit corporation;
- (10) Is employed by an entity that seeks to enter into a contract with a public school (as defined in IC 20-10.1-1-2) or a non-public school (as defined in IC 20-10.1-1-3), if the subject of the request is expected to have direct, ongoing contact with school children within the scope of the subject's employment;
- (11) Has volunteered services at a public school (as defined in IC 20-10.1-1-2) or non-public school (as defined in IC 20-10.1-1-3) that involve contact with, care of, or supervision over a student enrolled in the school; Student Teacher IC 5-2-5-5.
- (12) Is being investigated for welfare fraud by an investigator of the Division of Family Resources, or a county office of the Division of Family Resources;
- (13) Is being sought by the parent locator service of the Child Support Bureau of the Division of Family Resources;
- (14) Is or was required to register as a sex and violent offender under IC 5-2-12; or
- (15) Has been convicted of any of the following:
 - (A) Rape (IC 35-42-4-1), if the victim is less than eighteen (18) years of age.
 - (B) Criminal deviate conduct (IC 35-42-4-2), if the victim is less than eighteen (18) years of age.
 - (C) Child molesting (IC 35-42-4-3).
 - (D) Child exploitation (IC 35-42-4-4(b)).
 - (E) Possession of child pornography (IC 35-42-4-4(c)).
 - (F) Vicarious sexual gratification (IC 35-42-4-5).

(continued on page 2)

- (G) Child solicitation (IC 35-42-4-6).
- (H) Child seduction (IC 35-42-4-7).
- (I) Sexual misconduct with a minor as a *Class A or Class B* felony (IC 35-42-4-9).
- (J) Incest (IC 35-46-1-3), if the victim is less than eighteen (18) years of age.
- (K) Attempt under IC 35-41-5-1 to commit an offense listed in clauses (A) through (J).
- (L) Conspiracy under IC 35-41-5-2 to commit an offense listed in clauses (A) through (J).
- (M) An offense in any other jurisdiction in which the elements of the offense for which the conviction was entered are substantially similar to the elements of an offense described under clauses (A) through (J).

A Subject

- (16) is identified as a possible perpetrator of child abuse or neglect in an assessment conducted by the department of child services under IC 31-33-8; or
- (17) is:
 - (A) a parent, guardian or custodian of a child; or
 - (B) an individual who is at least eighteen (18) years of age and resides in the home of the parent, guardian or custodian; with whom the department of child services or a county probation department has a case plan, dispositional decree, or permanency plan approved under IC 31-34 or IC 31-37 that provides for reunification following an out-of-home placement.

REASON FOR NO FEE REQUEST

Before checking any box below read the defined Indiana Code IC 10-13-3-36

- A. Has been in existence for ten (10) years and has a primary purpose of providing an individual relationship for a child with an adult volunteer, if the request is made as part of a background investigation of a prospective adult volunteer for the organizations; (i.e. Big Brothers & Big Sisters)
- B. Home Health Agency (Copy of license must accompany this request).
- C. Community mental retardation and other developmental disabilities centers, for purposes of IC 12-29. (Copy of CARF Certificate must be submitted with this request).
- D. Is a supervised group living facility licensed under IC 12-28-5.
- E. An area agency on aging designated under IC 12-10-1.
- F. Community action agency (as defined in IC 12-14-23-2).
- G. Owner operator of a hospice program licensed under IC 16-25-3.
- H. Community mental health center (as defined in IC-7-2-38).
- I. Department of Child Services (as defined in IC 1-13-3-27-5).
- J. Is a School Corporation, Special Education Cooperative, or Nonpublic School (as defined in IC 20-18-2-12).
- K.
 - (1) The church or religious society is a religious organization exempt from federal income taxation under Section 501 of the Internal Revenue Code;
 - (2) The request is made as part of a background investigation of a prospective or current adult volunteer; and
 - (3) The employee or volunteer works in a nonprofit program or ministry of the church or religious society, including a child care ministry registered under IC 12-17.2-6.

WARNING PENALTY FOR MISUSE

A non-criminal justice organization or individual receiving a limited criminal history may not utilize it for purposes other than those stated in the request or which deny the subject any civil right to which the subject is entitled. IC 10-13-3-27: Any person who uses limited criminal history for any purpose not specified in the request commits a Class A misdemeanor offense.

I affirm, under penalty of perjury, that the Limited Criminal History Information requested will be used as specified.

PRINT Name of Requester

Signature of Requester

Date (month, day, year)

We accept certified check, money order, and cash in person only. "NO" personal checks.

All checks made payable to the **STATE OF INDIANA.**

Mail request to:

Indiana State Police, Criminal History Limited Check

P.O. Box 6188

Indianapolis, Indiana 46206-6188