

SEWA HOME HEALTHCARE, LLC

APPLICATION/NEW HIRE CHECKLIST

(All items must be placed in the employee's personnel records)

PRE-EMPLOYMENT ORIENTATION

1. Application completed (includes):

- **Application Form and Addendum** _____
- **Verification of Licensure/Certification** _____
- **Resume with Experience and List of Competencies** _____
- **I-9 Documents (work authorization, if required, photo ID)*** _____
- **Health screening (TB, Hepatitis B, Physicals) results*** _____
- **Satisfactory BCI / FBI Background Check *** _____
- **Reference Check** _____
- **Valid OHIO Driver's License** _____
- **CPR Certificate** _____
- **Other:** _____

My signature below verifies that I have received all the required documents to complete my application, that I have participated in the above orientation session and received all information required to carry out my duties for the position for which I was hired.

Employee Printed Name

Signature

Date

Staff Printed Name

Signature

Date

APPLICATION FOR EMPLOYMENT

Date: _____

PERSONAL INFORMATION

Full Name: _____

Social Security No. _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip: _____

Primary Phone #: _____ Type (circle one): Home Cell Work Other
Alternate Phone #: _____ Type (circle one): Home Cell Work Other

Circle Answer (Yes or No)

- Are you 18 years of age or over? Yes _____ No _____
- Are you a U.S. citizen? Yes _____ No _____
- Have you ever served in the Armed Forces? Yes _____ No _____
- Do you have a valid operator's (driver's) license? Yes _____ No _____
 - o If yes, license number and state _____

EMERGENCY CONTACT

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____ Zip: _____
Primary Phone #: _____ Type (circle one): Home Cell Work Other
Alternate Phone #: _____ Type (circle one): Home Cell Work Other

QUALIFICATIONS

EDUCATION	SCHOOL NAME & LOCATION	GRADUATION DATE	COURSE/MAJOR
High School			
College			
Other			

Additional Certification/License: _____

APPLICATION FOR EMPLOYMENT cont'd

JOB INFORMATION

Position: _____ Date of Availability: _____

Type of Employment Desired: _____ Part-Time _____ Full Time

RELEVANT EMPLOYMENT HISTORY (disregard if resume is attached)

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Reason for Leaving: _____

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Reason for Leaving: _____

DATE	EMPLOYER NAME & ADDRESS	POSITION	SUPERVISOR NAME & CONTACT

Reason for Leaving: _____

APPLICATION FOR EMPLOYMENT cont'd

May we contact the employers listed above? Yes ☐ No ☐

If not, indicate which one(s) you do not wish us to contact.

THREE (3) REFERENCES: (1) _____

(2) _____

(3) _____

STATEMENT OF AUTHORIZATION

I authorize SEWA HOME HEALTHCARE, LLC to contact each former employer, firm or corporation. I authorize any of these persons to give all information concerning work-related items and I release all parties from liability for any damage that may result from furnishing same to you.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed; falsified statements on this application shall be grounds for dismissal.

I also understand that if accepted by SEWA HOME HEALTHCARE, LLC my employment is voluntarily entered into and I am free to resign at any time. Similarly, SEWA HOME HEALTHCARE, LLC is free to conclude my employment at any time. I further recognize that this application is not a contract and cannot create a contract.

Applicant's Signature

Date

ADDENDUM TO EMPLOYEE APPLICATION

The Ohio Administrative Code O.C.G.A. [49-2-14.1](#) *et seq.* requires that home health care companies ascertain from applicants for employment that they have not been convicted plead guilty of the offenses listed below. Your signature below indicates that you have not committed nor plead guilty of:

Aggravated murder, murder, voluntary manslaughter, involuntary manslaughter, felonious assault, aggravated assault, assault, failing to provide for a functionally impaired person, aggravated menacing, patient abuse and neglect, kidnapping, abduction, criminal child enticement, rape, sexual battery, unlawful sexual conduct with a minor, gross sexual imposition, importuning, voyeurism, public indecency, compelling prostitution, promoting prostitution, procuring prostitution, disseminating matter harmful to juveniles, pandering obscenity, pandering obscenity involving a minor, pandering sexually oriented materials involving a minor, illegal use of a minor in nudity-oriented material or performance, aggravated robbery, robbery, aggravated burglary, burglary, unlawful abortion, endangering children, contributing to the unruliness or delinquency of a child, domestic violence, carrying a concealed weapon, having weapons while under disability, improperly discharging a firearm at or into a habitation or school, corrupting others with drugs, trafficking in drugs, illegal manufacture of drugs or cultivation of marijuana, funding of drugs or marijuana trafficking, illegal administration or distribution of anabolic steroids, placing harmful objects in food or confection, child stealing, possession of drugs, felonious sexual penetration.

I, _____ have read the contents of this addendum to my application for employment with SEWA HOME HEALTHCARE, LLC also understand that I am required by law to notify SEWA HOME HEALTHCARE, LLC within 14 (fourteen) days if I receive formal charges, convictions, or make a guilty plea to any one of the disqualifying offenses listed above.

Signature of Applicant

Date

REFERENCE CHECK (1)

APPLICANT'S INFORMATION	
APPLICANT'S NAME:	DATE OF APPLICATION
PREVIOUS EMPLOYER:	
ADDRESS OF FORMER EMPLOYER:	
TELEPHONE OF FORMER EMPLOYER	REASON I MAY RECEIVE BAD REFERENCE, IF ANY

I GIVE THE AGENCY MY PERMISSION TO OBTAIN A WORK-RELATED REFERENCE FROM THE ABOVE MENTIONED FORMER EMPLOYER AND TO USE MY SOCIAL SECURITY NUMBER IF NEEDED.

SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE

OFFICE USE ONLY

EMPLOYEE INFORMATION (APPLICANT DO NOT WRITE IN THESE SPACES)

START DATE: ____/____/____	POSITION AND DUTIES:		
END DATE: ____/____/____			
REASON FOR LEAVING OR TERMINATION:			
WOULD YOU REHIRE? YES ___ NO ___	IF ANSWER IS NO. REASON WHY.		
QUALITY OF WORK:	GOOD _____	FAIR _____	POOR _____
WORKS WELL WITH OTHERS:	GOOD _____	FAIR _____	POOR _____
JOB KNOWLEDGE/SKILLS:	GOOD _____	FAIR _____	POOR _____
ATTENDANCE/DEPENDABILITY:	GOOD _____	FAIR _____	POOR _____
COMMENTS:			
HOW VERIFIED: _PHONE _MAIL _FAX	TITLE	DATE	
NAME OF PERSON CONTACTED:			
NAME OF REP. COLLECTING INFORMATION:	TITLE	DATE	

REFERENCE CHECK (2)

APPLICANT'S INFORMATION	
APPLICANT'S NAME:	DATE OF APPLICATION
PREVIOUS EMPLOYER:	
ADDRESS OF FORMER EMPLOYER:	
TELEPHONE OF FORMER EMPLOYER	REASON I MAY RECEIVE BAD REFERENCE, IF ANY

I GIVE THE AGENCY MY PERMISSION TO OBTAIN A WORK-RELATED REFERENCE FROM THE ABOVE MENTIONED FORMER EMPLOYER AND TO USE MY SOCIAL SECURITY NUMBER IF NEEDED.

SOCIAL SECURITY NUMBER

APPLICANT'S SIGNATURE

OFFICE USE ONLY

EMPLOYEE INFORMATION (APPLICANT DO NOT WRITE IN THESE SPACES)

START DATE: ____/____/____	POSITION AND DUTIES:		
END DATE: ____/____/____			
REASON FOR LEAVING OR TERMINATION:			
WOULD YOU REHIRE? YES ___ NO ___	IF ANSWER IS NO. REASON WHY.		
QUALITY OF WORK:	GOOD _____	FAIR _____	POOR _____
WORKS WELL WITH OTHERS:	GOOD _____	FAIR _____	POOR _____
JOB KNOWLEDGE/SKILLS:	GOOD _____	FAIR _____	POOR _____
ATTENDANCE/DEPENDABILITY:	GOOD _____	FAIR _____	POOR _____
COMMENTS:			
HOW VERIFIED: _PHONE _MAIL _FAX		TITLE	DATE
INFORMATION PROVIDED BY:			
NAME OF REP. COLLECTING INFORMATION:		TITLE	DATE