



Vancouver Home Health Care Agency LLC ®
Employment Application

Today's Date:

Personal Data				Email Address:
Last Name	First Name	Middle	SSN (Last 4 Only) XXX-- XX --	
Home Address	City	State	Zip	
Cell Phone	Home Phone			
DOB:				

Emergency Contact Information		
Name of Emergency Contact	Relation	Emergency Telephone Number

Are you eligible for employment within the United States?..... <i>Proof of citizenship or immigration status will be required upon employment.</i> Can you pass a pre-employment criminal history check inquiry and a drug screening test?..... Are you now or have you ever been sanctioned by or excluded by the Health Authority in any state?..... Have you ever been employed by Vancouver Home Health Care Agency LLC before? if Yes, Please explain?..... Do any of your friends or relatives that work for Vancouver Home Health Care Agency LLC Now?..... If Yes, give name and relationship.....	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
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Education and Professional Development				
	Name and address of School or University	Major Course of Study	Number of Years Completed	Degree / Diploma
High School				
Trade School				
College Undergraduate				
Other (specify)				

Professional Reference					
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Name of Reference	Address	Association	Phone#	Email Address	Years Known



Specialized Skills

- Data entry
- Typing (Speed:)
- Switchboard
- Shorthand (speed:)
- Medical Terminology
- Dicta phone

Computer Software:

Medical information system:

Other Qualifications

Please summarize special job-related Skills and qualifications or additional information you feel may be helpful to us on considering your application.

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying for, either with or without reasonable accommodation?YES .NO



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Career Information

Position (Job Class) Applying for:

RN PT LPN/LVN CNA OT PTA Clerical Other: Date Available:

Work Experience and Skills:

Please list the number of years you have experience in each area (min 1 year exp.) and are clinically competent to work:

- Grid of checkboxes for various clinical areas: Burn, ENT, Pediatrics, Detox/Drug Rehab, L & D, Rehab, Telemetry, Post Partum, MICU, Nursery, Psychiatry, Orthopedics, NICU, Dialysis, Stepdown, Mother/Baby, PACU, Geriatric, Oncology, Recovery Room, SICU, Pedi ICU, Neurology, Operating Room, CCU, Med/Surg, Open Heart, Emergency Room, Other, Other, Other, Other.

Previous Facility Types that you have experience : Please check all that Apply -

- Hospital Hospice Nursing Home Rehab Private Duty Assisted Living / Residential Treatment

Language Skills: Other than English, please check any other languages you speak -

Check the type of assignment you are available for:

- Spanish French German Other: Full-time Part-time Contract Travel

When're you going to be available for work : Please check all that Apply -

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Holidays available to work:

Certifications: Please check all applicable certifications and enter expiration date:

- Grid of checkboxes for certifications: ACLS, BCLS, CPR, PALS, Other, IV, NALS, with corresponding expiration date fields.



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Vancouver Home Health Care Agency LLC consider all applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

I understand that I must report all accidents to my immediate supervisor and to Vancouver Home Health Care Agency LLC -- No MATTER HOW SLIGHT. [] Yes No []

I also understand that I must wear all required personal protection equipment (PPE). [] Yes No []
The penalty for not wearing PPE is disciplinary action, up to and including termination.

Signature

ACKNOWLEDGMENT (Please read carefully and sign)

In signing this application, I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Vancouver Home Health Care Agency LLC permission to use any information in this application to enable it and its agents to verify the information contained in this application I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Vancouver Home Health Care Agency LLC with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Vancouver Home Health Care Agency LLC may conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Vancouver Home Health Care Agency LLC, its agents, and all affiliated entities, as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by Vancouver Home Health Care Agency LLC, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either Vancouver Home Health Care Agency LLC or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of Vancouver Home Health Care Agency LLC, at any time, can constitute a contract of employment. No representative or agent of Vancouver Home Health Care Agency LLC, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Vancouver Home Health Care Agency LLC is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Vancouver Home Health Care Agency LLC against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Applicant Signature: Date:

At Vancouver Home Health Care Agency, Caring and Compassion is our business.