



Convenient Care
HOME HEALTH INC

Convenient Care Home Health Care Agency

Garfield Heights, Ohio 44124

PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Driver License #: _____

What are your means of transportation to work? _____

Driver's License #: _____ State of Issuance: _____ Operator Commercial (CDL) Chauffer

Expiration Date: _____

Have you had any accidents during the past 3 years?

Have you had any moving violations during the past 3 years?

Position Applied for: _____

Days/hours available to work

No Pref _____ Thursday _____
Monday _____ Friday _____
Tuesday _____ Saturday _____
Wednesday _____ Sunday _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired: ___FULL-TIME ONLY ___PART-TIME ONLY ___FULL-OR-PART TIME

When are you available to start work? _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references other than relatives.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Are you a member of the National Guard?

Rank at Discharge: _____ Type of Discharge: _____

Discharge Date: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Convenient Care Home Health Care Agency

A. VEHICLE USAGE WAIVER

Complete if employee will be using his/her own personal vehicle to transport individuals.

Employee: _____ Date: _____

Driver's License #: _____ State: _____ License Plate #: _____

Make/Model: _____

- I understand that I may be required to use my personal vehicle to transport individuals during working hours.
- When transporting individuals, I will at all times practice safe driving techniques and strictly adhere to all traffic safety laws.
- When transporting individuals, I will ensure that all vehicle occupants are wearing seatbelts.
- I will provide Convenient Care with a copy of my current driver's license and each time my license is renewed I will provide Convenient Care with a copy
- I will maintain liability coverage during my employment and provide Convenient Care with insurance documentation, as needed, to verify automobile coverage.
- During scheduled working hours I will use my personal vehicle for work related tasks only.
- I will transport individuals only in the vehicle identified above. If at any point I change vehicles I will complete a new Vehicle Usage Agreement.
- I will immediately notify Convenient Care of any and all traffic violations, or changes in insurance coverage, which may affect my ability to use my personal vehicle to perform job duties.
- I will at all times keep my vehicle in safe operating condition, including but not limited to, and ensuring the following:
 - Rear view mirror and side mirrors present and in good working condition
 - Headlights (bright and dims) in proper working order.
 - Stop, parking, and turn signals (front and rear) work properly.
 - Windshield wipers work and blades are in good condition.
 - Tires have good tread and are free from damage (no breaks, cuts or bulges).
 - Seatbelts are free from wear and tear and working properly.
 - Working horn
 - Brakes are in proper working order:
 - The interior and exterior of the vehicle are in safe condition.

I, hereby, certify that I understand and will adhere to the guidelines detailed above in Section A. I also understand that failure to do so may result in disciplinary action.

Signature: _____ Date: _____

Convenient Care Home Health Care Agency

B. VEHICLE USAGE WAIVER

Complete if employee is not permitted to drive during scheduled work hours

While employed by Convenient Care Home Health Care Agency I, _____
Understand that I am not permitted to drive during schedule work hours for any reason because:

_____ I do not carry automobile insurance at this time.

_____ I do not have a valid driver's license.

_____ My vehicle is unsafe.

_____ I have accumulated too many violations/ accidents in the past three years to qualify for driving privileges.

_____ My current client does not need transportation.

Individuals charged with one of the following occurrences within a three-year period, prior to application for employment are prohibited from driving during scheduled working hours:

- *DUI of alcohol or drugs*
- *Hit and run*
- *Negligent homicide*
- *Driving on a suspended license*
- *Reckless operation*
- *A total of four and more preventable accident or moving violations*
- *A combination of preventable accidents and moving violations that totals four or more points.*

I, hereby, certify that I understand and will adhere to the guidelines detailed above in Section B. I also understand that failure to do so may result in disciplinary action.

Signature: _____ Date: _____

Witnessed by: _____ Date: _____

