Western Hills Home Care
Application For Employment

As an equal opportunity employer, Western Hills Home Care does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age, disability, religion, or national origin.

EMPLOYMENT REQUIREMENTS

If hired, your employment will be "at-will," meaning that you may leave voluntarily at any time and that the employer may terminate your services with or without advanced notice at any time in the future.

By your signature below you release the potential employer to obtain either directly or through its agents any information obtainable from law enforcement, state agencies, institutions, past employers, insurance companies or another information service to furnish information relative to the responses you give on this application or in subsequent interviews.

This information is truthful and without omissions. I will volunteer information about any felony convictions in the application/interview process.

SIGNATURE OF APPLICANT:_____ DATE OF APPLICATION:_____

PERSONAL INFORMATION

Last Name	First Name	Middle Name

Present Street Address	City	State	Zip

Previous Street Address	City	State	Zip

Cellular Phone	Home Phone	Social Security Number	Are you over 18?

AVAILABILITY

Position Applying For:_____ Date Available to Start:_____

Salary Desired:_____

Desired Schedule: ☐ Full-Time ☐ Part-Time ☐ Temporary

Check Days Available: ☐ Sun. ☐ Mon. ☐ Tues. ☐ Wed. ☐ Thur. ☐ Fri. ☐ Sat.

Hours Available Each Day:						

EMPLOYMENT HISTORY

List employment, starting with your most recent position. Account for any time during this period in which you were unemployed by stating the nature of your activities. If you have no prior employment history, include personal references to be contacted.

May we contact your present employer? ■ YES ☐ NO

Employer	Dates		Position / Title
Address	From	To	Duties Performed
City			
Supervisor			
Reason For Leaving			
Employer	Dates		Position / Title
Address	From	To	Duties Performed
City			
Supervisor			
Reason For Leaving			
Employer	Dates		Position / Title
Address	From	To	Duties Performed
City			
Supervisor			
Reason For Leaving			

LIFE EXPERIENCE

Please give a brief description of life experience that you have had in the area of personal care and/or homemaking. Please tell us what you did and how long you did it.

EDUCATION

Type of School	Name and Location of School	Degree / Area of Study	Number of Years Completed	Graduate? (Check One)
High School	Name:_____ City:_____State_____ GPA_____			
College	Name:_____ City:_____State_____ GPA_____			
Other	Name:_____ City:_____State_____ GPA_____			

By signing this form, I consent to the submission of a request for a criminal records check as required by Western Hills Home Care

I also attest to the following:

1. That I have read the List of Crimes in S.B. 160 (Background Checks) and that I have not been convicted or pleaded guilty to any of those crimes that would disqualify me from working with older adults under S.B. 160.
2. That I understand and agree that if I am found to have a record of any crimes, I will not be hired for work with older adults, or if I have already been hired, my employment will be terminated.
3. That I was informed that I must provide a set of fingerprint impressions and that a criminal records check must be conducted if I come under final consideration for employment.
4. That the criminal records check does not constitute all the pre-employment requirements.

List your residences for the past five (5) years in-state (Ohio) and out-of-state.

_____

_____

_____

_____

_____

_____

_____

Signature of Applicant Date

Can you answer "yes" to any of the crimes listed on the included page? If so, list the number (s)

:

_____ _____ _____

_____ _____ _____

Automobile Insurance is REQUIRED. Are you currently insured? ■ YES ☐ NO

.