



Infinity Home Health Care, LLC

404 N. Jackson Street
P.O. Box 422
South Webster, OH 45682
Phone (740) 778-3000

Application for Employment

An Equal Opportunity Employer

We reserve the right to test any and all applicants for illegal or misuse of prescription drugs.

PLEASE PRINT

Position you are applying for:

Date of Application:

Last Name:

First Name:

Initial:

Maiden:

Permanent Street Address:

City:

State:

Zip:

How long have you been at this address?

If less than 5 years, please list the previous address.

Street Address:

City:

State:

Zip:

Main phone:

Another contact phone:

Social Security Number:

Email address:

Are you 18 or older? Yes No

How did you hear about this position?

Below, please circle all that apply:

Employment desired: Full time Part time Per Diem # of visits/ hours per week?

Are you currently employed? Yes No

Salary desired (be specific) \$ per hour visit week

When are you available? Days Evenings Nights Weekends Holidays Overtime

Days you can work? Monday Tuesday Wednesday Thursday Friday Saturday Sunday

If hired, when could you start work?

If hired, do you have reliable transportation? Yes No

Do you have a driver's license? Yes No

Do you have auto insurance? Yes No

Can you present evidence of your U.S. Citizenship or proof of your legal right to live & work in this country? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? Yes No

Education, Training and Experience

	Name, Address, City, State, Zip	# of years completed	Did you graduate? Yes No	Degree / Diploma Field of Study
High School				
College / University				
Vocational / Business				

Technical / Other	Name, Address, City, State, Zip	# of years completed	Did you graduate? Yes No	Degree / Diploma Field of Study
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Employment / Work Experience: List the past 5 years using the most recent first, please account for any lapse in employment.

Company Name, Address, City, State, Zip	Date From:	Start pay	Job Title
	Date To:	End pay:	Supervisor

Please tell us about this job: skills, duties, promotions.	Reason for leaving:	May we contact this employer for a reference? Yes No
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Company Name, Address, City, State, Zip	Date From:	Start pay	Job Title
	Date To:	End pay:	Supervisor

Please tell us about this job: skills, duties, promotions.	Reason for leaving:	May we contact this employer for a reference? Yes No
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	Date To:	End pay:	Supervisor

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Company Name, Address, City, State, Zip	Date From:	Start pay	Job Title
	Date To:	End pay:	Supervisor

Please tell us about this job: skills, duties, promotions.	Reason for leaving:	May we contact this employer for a reference? Yes No
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Military Service				
Have you ever been in the Armed Forces? Yes No		Are you currently active in the National Guard? Yes No		Rank / Title
				Date entered:
				Discharge date:
Please describe any special skills or abilities you obtained as a result of your service.				
Please list any specialized training, skills, extra-curricular activities that you feel would be helpful in considering your application.				
Please answer the following questions if you are applying for a professional position:				
Are you licensed / certified in the position for which you have applied? Yes No			Has your license / certification ever been revoked? Yes No	
Name of license/certification			Issuing State	License/certification number
References: List three people <u>not related</u> to you who have knowledge of your <u>work performance</u> within the last three years.				
Last Name:		First Name:		Phone number:
Street Address:				
City:			State:	Zip:
Number of years Acquainted?		Best time to contact:		Email address:
Last Name:		First Name:		Phone number:
Street Address:				
City:			State:	Zip:
Number of years Acquainted?		Best time to contact:		Email address:
Last Name:		First Name:		Phone number:
Street Address:				
City:			State:	Zip:
Number of years Acquainted?		Best time to contact:		Email address:
Have you ever been convicted? Yes No. If yes, please complete the section below:				
Date of offense: _____ County: _____ State: _____		Date of offense: _____ County: _____ State: _____		
Nature of offense leading to conviction: _____		Nature of offense leading to conviction: _____		
Please provide information on your sentence: _____		Please provide information on your sentence: _____		
What rehabilitation, if any, was provided: _____		What rehabilitation, if any, was provided: _____		
Did you complete rehabilitation? _____ Are you off probation? _____		Did you complete your rehabilitation? _____ Are you off probation? _____		
Non-disclosure of ANY criminal conviction is a reason for dismissal if you are hired for any position with Infinity Home Health Care. By law, we are not allowed to hire anyone who will be responsible for direct care of an individual if you have been convicted of any of the following violations and/or offenses. We are mandated by Federal & State laws to investigate your background by using the Criminal Background Check (fingerprint check) if you are a candidate for employment. Exclusionary periods do apply to some violations / offenses.				

Cruelty to Animals	Prohibitions Concerning companion animals	Engaging in a pattern of corrupt activity
Aggravated murder	Unlawful conduct with respect to documents	Participating in criminal gang
Voluntary manslaughter	Involuntary manslaughter	Funding of drug or marijuana trafficking
Reckless Homicide	Unlawful sexual conduct with a minor, corruption of a minor	Aggravated arson
Aggravated Assault	Gross sexual imposition	Deception to obtain dangerous drugs
Permitting Child Abuse	Failing to provide for a functionally impaired person	Illegal processing of drug documents
Aggravated Menacing	Menacing by stalking	Unlawful purchase of pseudoephedrine product
Menacing	Patient abuse and neglect	Placing harmful objects in food or confection
Patient endangerment	Felonious sexual penetration	Voyeurism
Abduction	Compelling prostitution	Public indecency
Criminal Child enticement	Promoting prostitution	Disrupting public services
Coercion	Trafficking in persons	Prostitution
Murder	Enticement or solicitation to patronize a prostitute	Arson
Felonious Assault	procurement of a prostitute for another	Making terroristic threats
Kidnapping	Soliciting after positive HIV test	Terrorism
Extortion	Disseminating matter harmful to juveniles	Aggravated robbery
Child stealing	Pandering obscenity	Robbery
Rape	Pandering obscenity involving a minor	Aggravated burglary
Sexual Battery	Pandering sexually orient matter involving a minor	Burglary
Sexual Imposition	Illegal use of a minor in nudity-oriented material or performance	Breaking and entering
Importuning	Deception to obtain matter harmless to juveniles	Unauthorized use of a vehicle
Telecommunication fraud	Unauthorized use of property, computer, cable or telecommunication property	Misuse of credit cards
Passing bad checks	Illegal assembly or possession of chemicals for the manufacture of drug	Illegal manufacture of drugs or cultivation of marijuana
Criminal solicitation	Forging identification cards	Illegal administration or distribution of anabolic steroids
Medical fraud	Defrauding a rental agency or hostelry	Illegal use or possession of marijuana drug paraphernalia
Tampering with records	Securing writing by deception	Illegal use, possession, dealing, selling or advertising of drug paraphernalia
Personating an officer	Unlawful display of law enforcement emblem	
Defrauding creditors	Illegal use of SAP or WIC Program benefits	
Insurance fraud	Worker's Compensation Fraud	
Identify fraud	Receiving stolen property	
Inciting to violence	Aggravated riot	
Riot	Inducing panic	
Unlawful abortion	Unlawful abortion upon minor	
Endangering children	Unlawful distribution of an abortion-inducing drug	
Interference with custody	Contributing to unruliness or delinquency of child	
Domestic violence	Tampering with evidence	
Intimidation	Falsification – theft offense – to purchase firearm	
Perjury	Compounding a crime	
Obstructing justice	Disclosure of confidential information	
Escape	Assaulting or harassing a police dog, horse, or service animal	
Carrying concealed weapon	Aiding escape or resistance to lawful authority	
Trafficking in drugs	Impersonation of peace officer	
Possession of drugs	Having weapons while under disability	
Permitting drug abuse	Discharge of firearm on or near prohibited premises	
Tampering with drugs	Improperly furnishing firearms to minor	
Dispensing drug samples	Improperly discharging a firearm at or into a habitation or school	
Ethnic intimidation	Engaging in a pattern of corrupt activity	
Illegal conveyance of weapons, drugs or other prohibited items onto ground of detention facility/institution		
Illegal conveyance or possession of deadly weapon or dangerous ordinance in a school safety zone, illegal possession of an object indistinguishable from a firearm in a school safety zone.		
Illegal conveyance, possession, or control of deadly weapon or ordinance into a courthouse		
Illegal administration, dispensing, distribution, manufacture, possession, selling, or using of any dangerous veterinary drug		

This is to include any of the above listed violations that are include “conspiracy”, “attempt/attempted” and “complicity”

A violation of an existing or former municipal; ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses or violations described in the above list.

The following list of databases will be checked before any interview is granted. This is a State/National mandate for all home health agencies. If the database search is a reason for us to not grant you an interview, we must tell you which one. You have the right to investigate any information we receive on your behalf from this search.

<http://exclusions.oig.hhs.gov/> (Office of the Inspector General’s exclusion list)

<https://www.sam.gov/portal/public/SAM/> (System of Award Management – fraud)

https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx (Ohio Dept. Developmentally Disabled)

<http://www.icrimewatch.net/index.php?AgencyID=55149&disc=> (ODR&C)

<http://www.nspow.gov/?AspxAutoDetectCookieSupport=1> (sex offender/child–victim)

https://odhgateway.odh.ohio.gov/nar/nar_registry_search.aspx (Ohio Nurse Aide Registry)

Please read carefully, initial each paragraph and sign below:

Initials	I hereby certify, under penalty of perjury, that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed regardless of the time elapsed before discovery.
Initials	I hereby authorize the Agency to thoroughly investigate my references, work record, education, and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the Agency an and all letter, reports, and other information related to my work records. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
Initials	I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Agency. In addition, I expressly agree and understand that, if employed, my employment, having no specific term, is based upon mutual consent and may be terminated at will, with or without cause or notice, by either party (the company or me). I also understand that this aspect of my employment within includes the Agency’s right to demote or otherwise discipline with or without cause or notice, may not be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the Administrator, Human Resources Director, or President/CEO of the agency.
Initials	I understand that any offer of employment regarding certain job positions will be conditioned upon satisfactory completion of a Criminal Background check and may be conditioned on a medical examination and/or drug and alcohol screen. I agree to provide my fingerprints to the local sheriff’s office for screening through the BCI&I and/or FBI. I agree to sign a release of medical information authorization form and to submit to a medical examination and/or drug and alcohol screen should the Agency condition my offer of employment upon successful completion of such an examination or screening.
Initials	This is to inform you that a consumer report or an investigative consumer report may be obtained from a Consumer Reporting Agency for the purpose of evaluation you for employment, promotion, reassignment or retention as an employee. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may have the right to request additional disclosures regarding the nature and scope of the investigation.
Initials	I acknowledge that I have read all the above statements and that I understand them. In addition, the statements above supersede and replace any prior understandings or discussions I have had with the Agency and set forth the complete agreement between me and the Agency regarding these matters.

Date Completed:

Applicant’s Legal Signature:

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital, veteran status, or any other legally protected status.

