



REQUIRED DOCUMENTS/INFORMATION

- Basic Computer skills/knowledge
- Excellent documentation skills
- Current email address (99% of communication from us is electronic)
- Professional License Copy/Verification
 - Nursing/MSW/OT/PT/MD
- Diploma/Degree Transcript
 - Associates/Bachelors/Masters/Diploma
- Social Security Card
- CPR Card (Valid)
- Driver's License (Valid)
- Auto Insurance (Valid)
- PPD Clearance
- Physical Exam (Dated within 6 months of application date)
- Copy of Background Screening result (If any)
- Applicable certificates of CEUs
- Mandatory CEUs:
 - Blood borne Pathogens
 - Infection Control
 - Medical Device Reporting
 - Tuberculosis



APPLICATION FOR EMPLOYMENT

PERSONAL DATA					
Date of Application:		OFFICE USE ONLY:		Date of Interview:	Date of Hire:
Last Name:		First Name:		Middle Initial:	
Social Security #	Phone #	Alt #	Email:		
Residential Address			City, Zip		State:
JOB INTERESTS					
Position applying for:	How were you referred to us?	Date available to begin	Anticipated Wage:		
PLEASE CHECK THE SPECIALTY AREA(S) THAT BEST MATCH(ES) YOUR EXPERIENCE/EDUCATION AND INTEREST:					
Homecare	Medical/Surgical	IV Therapy	Intermittent Care	Private Duty	
Hospice	Rehabilitation	Pediatrics	Supplemental Staffing	Residential Care	
Nursing Home	Hospital	Geriatric	Psychiatric	Homemaking	
PLEASE INDICATE YOUR AVAILABILITY OR INTERESTS BELOW:					
Full Time (32+hrs)	Part-time (< 32hrs)	Per-diem (visits only)	Days Available: M T W TH F S SUN OVERNIGHT		
EDUCATION					
Highest level of education completed:			Are you willing to volunteer for special events such as health fair?		
Name of college or undergraduate education/school:		Degree Obtained		Date of Completion	
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LICENSE/CERTIFICATIONS/EXAMINATIONS					
Type of License	State of Issue	Expiration Date	License #	Clear/Active? Yes or No	
CPR expires:	Date of last physical exam:	Last TB/ Chest X-ray:		TB/ Chest X- Ray Result:	
GENERAL INFORMATION					
Are you legally authorized to work in the USA?		If you become an employee of this agency you will be required to provide documentation providing your eligibility to work in the USA			
Have you ever been convicted of a felony or misdemeanor crime?		This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.			
If yes, state the basis for each conviction and date of the conviction:					
Have you ever been employed by this agency or one of it's subsidiaries?		If yes, give location and dates:			
In case of emergency:		Phone #	Relationship:		



If you have a resume to attach to this application, skip to the signature section at the bottom of this page.

PERSONAL REFERENCES: Please furnish three (3) references with complete address. Do not list former employers or relatives.

Name	Address (City, State, Zip)	Phone #	Business	Years Known

WORK HISTORY

Company Name:		Employment Dates & Wage:		
Company Address:		Start Date:	End Date:	
City:	State/Zip:	Starting rate: \$	Ending rate: \$	
Job responsibilities and duties:				
Supervisor's Name:		Phone #	May we contact?	
Reason for leaving:				

Company Name:		Employment Dates & Wage:		
Company Address:		Start Date:	End Date:	
City:	State/Zip:	Starting rate: \$	Ending rate: \$	
Job responsibilities and duties:				
Supervisor's Name:		Phone #	May we contact?	
Reason for leaving:				

In accordance with Title VI of the Civil Rights Act of 1964 and its implementing regulation, Nona Home Healthcare is an EQUAL OPPORTUNITY EMPLOYER and WILL NOT DISCRIMINATE AGAINST RACE, COLOR, SEX, CREED, NATIONAL ORIGIN OR COMMUNICABLE DISEASE AS DEFINED IN SECTION 504 OF TITLE VI. In accordance with Section 504 of the Rehabilitation Act of 1973 and its implementing regulation, Nona Home Healthcare WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF HANDICAP. In accordance with the Age Discrimination Act of 1975 and its implementing regulation, Nona Home Healthcare WILL NOT, DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF AGE in the provision of services, unless age is a factor necessary to the normal operation or the achievement of any statutory objective. In accordance with the Americans with Disabilities Act of 1992 (42 USC 12101) and its implementing regulations, (private employers with more than 25 agency personnel) Nona Home Healthcare, WILL NOT DIRECTLY OR THROUGH CONTRACTUAL OR OTHER ARRANGEMENTS, DISCRIMINATE ON THE BASIS OF DISABILITY. A disability is a physical or mental impairment that substantially limits a major life activity, or for which there is a record of impairment or which causes the individual to be regarded as impaired.

I would prefer NOT to have my phone number released to all employees.

I have no objections to all employees having my phone number.

Applicant Signature: _____ Date: _____



APPLICATION AUTHORIZATION

PLEASE READ BEFORE SIGNING: If you have any questions regarding the following statements, please ask prior to signing.

Nona Home Healthcare does not discriminate in hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law. No questions on this application are intended to secure information to be used for any such discriminatory purpose.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment. By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release Nona Home Healthcare from any liability for any damage that may result from the utilization of such information.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be causes for subsequent dismissal if you are hired or prosecution.

By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and Nona Home Healthcare. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and Nona Home Healthcare retains a similar right. You further understand that no representative of Nona Home Healthcare other than {Nursing Supervisor/Administrative Staff} has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

I hereby acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant

Date