



APPLICATION FOR EMPLOYMENT

Vertex Home Health Care

Applicant Information

Date of Application: _____

Full Name: _____

Address: _____

Phone: _____

Email: _____

SS.#: _____

Date of Birth: _____

Position (check one): RN LVN CHHA Other: _____

Days available for work: Sun Mon Tue Wed Thurs Fri Sat

Do you drive? Yes No

Do you have a car? Yes No

Are you presently employed? Yes No

May we contact your current employer? Yes No

Do you have the necessary Visa or immigration status to work legally in the U.S.? Yes No

Have you ever been injured on the job? Yes No

Have you filed a worker's compensation case? Yes No

Have you been convicted of a felony? (Conviction will not necessarily disqualify an applicant from employment)

Yes No

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non job related medical condition or handicap.



An Equal Opportunity Employer

Please provide the following:

I understand that I must keep these active and valid and promptly notify Vertex Home Health Care of any changes.

- Professional License
- CPR Card
- Professional Liability Insurance
- DMV Driving Record
- Chest / TB
- Physical Examination
- Automobile Insurance

Employee Signature:

Date:

Applicant's Statement

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I understand that this application is not and is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview/s may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Vertex Home Health Care.

Employee Signature:

Date:



For Office Use Only

Arrange Interview: Yes No

Employed: Yes No

Employment Date: _____

Job Title: _____

Rate: Hourly Monthly Per Diem

By: _____

Date: _____

Confidentiality Policy

Vertex Home Health Care endorses the ANA code for nurses reflecting:

"The nurse safeguards the patient's/client's rights to privacy by judiciously protecting information of a confidential nature".

I agree to safeguard and protect the privacy of all patients/clients I come in contact with.

In particular I will:

- Divulge no information of a confidential nature on any patient's/client's.
- Review Patient's/Client's charts only when necessary to ensure care.

Employee Signature:

Date:

Employee Acknowledgment of Standards, Policies and Job Description

I, the undersigned hereby acknowledge receipt of orientation to the Employee Standards and policies of the Company. I likewise acknowledge to honor, and will abide by the policies of Vertex Home Health Care and any other material as required and directed to comply with the standards of the Joint Commission on the Accreditation of Hospitals and Title XXII. I realize that violation may result in disciplinary action up to and including termination.



Please indicate the number of years experience: _____

Pay Rates Quote

I, the undersigned, have accepted employment for a field position with Vertex Home Health Care Yes No

I, the undersigned, have accepted employment for an office position with Vertex Home Health Care Yes No

It has been understood that I have been notified of my pay rate in accordance with my classification, experience, specialty and shift choice.

Shift Choice: AM PM

Rate Quoted

Initial Visit

Follow up Visit

Hourly Rate

Monthly Salary

Agency Representative Signature: _____

Date: _____

Paycheck Disbursement Information

Employee Signature:

Date:

I, the undersigned, request my paycheck to be held in the office for pick-up. Yes No

Employee Signature:

Date:

Special Skills and Qualifications

Languages (besides English)

Language	Fluent	Good	Fair
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Contact

Name: _____

Relationship: _____

Telephone: _____

Address: _____



References

Give names, addresses and telephone numbers of three references who are not related to you and are not previous employers.

Name	Address	Telephone

Education

School	Year Graduated	Diploma/Degree
High School (Name & Address)		
College/University		
Post Graduate		

Specialized Training / Skills / Activities & Honors



Vertex Home Health Care (Company Information)

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