

Champion HomeCare Solutions

Employment Application

DIRECTIONS:

Respond to ALL questions. If a particular question does not apply to you, or the position for which you are applying, write N/A in the appropriate blank. PLEASE PRINT CLEARLY. Incomplete applications will not be considered.

EQUAL OPPORTUNITY EMPLOYER:

CH Solutions will not discriminate against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, citizenship status, disability, handicap or any other legally protected category. Any information received about the applicant will not be used for impermissible purposes.

PERSONAL					
Name	Last	First	Middle Initial	Social Security No.	Date of Application
Address			City	State	Zip Code
How did you hear of job opening?				Home Phone	Alternate Phone
Are employment records pertaining to you kept under any other name? If yes, give full name. <input type="checkbox"/> Yes <input type="checkbox"/> No				If under 18 years of age, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
In case of emergency notify:			Name	Phone	

POSITION DESIRED	
Position Applied for: (Be Specific)	Salary Expected \$ Per
Date Available:	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> PRN/per diem
Shift(s) Preferred: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> All	<input type="checkbox"/> Temporary
Days Preferred: <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Are you willing to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No

LICENSE OR CERTIFICATION					
Type	State	Date Received	Last Renewal	Certificate Number	Examination or Reciprocity
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>
					<input type="checkbox"/> <input type="checkbox"/>

EDUCATION						
Are you attending school now? <input type="checkbox"/> Yes <input type="checkbox"/> No		Course of Study				
Circle last year of school completed 1 2 3 4 5 6 7 8 9 10 11 12			College: 1 2 3 4 5 6 7 8		Nursing: 1 2 3 4 Business or Trade: 1 2 3 4	
High School	City/State		Graduate <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	Grade Point Average	
College or Nursing			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please check the box that best describes your attendance at your most recent place of employment. Excellent Good Average

Position Title	Approx. Dates From: To:	Supervisor	Reason for Leaving
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WORK HISTORY (Record Uniformed Services as a position)

List names of all present and former employers, beginning with most recent. Explain gaps in employment. (attach additional sheet if necessary)		Position Responsibilities	Reason for Leaving	Name and Title of Immediate Supervisor and Starting and Ending Salary	
Position Title	From To				
Employer & Phone #				\$ Per	\$ Per
Address Including Zip Code					
Position Title	From To				
Employer & Phone #					
Address Including Zip Code				\$ Per	\$ Per
Position Title	From To				
Employer & Phone #					
Address Including Zip Code				\$ Per	\$ Per
Position Title	From To				
Employer & Phone #					
Address Including Zip Code				\$ Per	\$ Per
Position Title	From To				
Employer & Phone #					
Address Including Zip Code				\$ Per	\$ Per

May we contact your present employer? Yes No

Signature (Incomplete applications will not be considered)

NOTICE: I understand that this employment application and any other Company documents are not contracts of employment, express or implied, and that if hired, I may voluntarily leave employment, or may be terminated by the Company at any time and for any or no reason, with or without cause. I understand that any oral or written statements to the contrary are hereby expressly disavowed and will not be relied upon by me. I give the Company and its agents permission to enter the information I provide on this application into electronic information systems used by the Company.

The information given by me is certified to be true and complete for all practical purposes and it may be verified by CH Solutions. Should a position be offered and later it is found that the information is untrue, incomplete or misrepresented, I understand and agree that CH Solutions is relieved of all commitments, financial or otherwise, pertinent to employment, and that I am subject to immediate discharge without recourse. I also understand that my employment is dependent upon my supplying proof that I am authorized to work in the United States. It is further understood that I may be offered employment conditioned on my successfully passing criminal and/or other background checks and/or drug test and/or physical exam to the satisfaction of the Company.

Signature of Applicant

CH Solutions *Is required by law to ask the following questions and may be required by law to report the answers to governmental agencies responsible for supervising health care, nursing home, home care and/or hospice care activity:*

1. Have you ever been convicted and/or been found guilty by a court of competent jurisdiction or a state agency of abusing, neglecting or mistreating residents or of misappropriating resident property in this state or in any other state? If so, please describe the offense, the date and place of the conviction, and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No Yes Explain _____

2. Have you ever been convicted of a felony? If so, please describe the offense, the date of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No Yes Explain _____

3. Have you ever been convicted of (1) cruelty to persons or (2) assault of a victim 60 years of age or older? If so, please describe the offense, the date of the conviction and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No Yes Explain _____

4. Have you ever been sanctioned by a health care licensing agency in this or any other state, or in any other United States or foreign jurisdiction? If so, please identify the nature and date of the action, the licensing agency involved and the underlying circumstances or other information to help us evaluate your current fitness for employment.

No Yes Explain _____

"I hereby certify that I have not been convicted and/or found guilty of resident or patient abuse, neglect or mistreatment, or of misappropriation of resident or patient property in this state or in any state, and that I am not listed in any resident or patient abuse registry in this state or in any other state. I understand that any offer of employment that is extended to me by Champion HomeCare Solutions is conditional upon the verification of this information with the state patient abuse registry and that a listing in such registry or the registry of any other state may act as an automatic withdrawal of any such offer of employment."

"I further understand that if I'm applying for a licensed or certified position, any offer of employment by Champion HomeCare Solutions is conditional upon verification of my license or certification with the appropriate state agency. In the event that I have not yet been so licensed or certified and in the event that I am offered employment with CH Solutions I agree to undertake the required training and competency certification requirements immediately upon commencing employment."

(Signature of Applicant)

(Date)

(Print Name as Written Above)



CHAMPION
HOMECARE SOLUTIONS

INVESTIGATION INFORMATION RELEASE AUTHORIZATION

I understand that Champion HomeCare Solutions requires a thorough pre-employment background investigation. This investigation is limited to only that information required to determine fitness for employment and may include, but is not limited to: employment history verification, job performance, disciplinary record, financial/credit history and a criminal background investigation. By signing this document, I agree to hold harmless any previous employer, agent of that corporation, or any individual or organization providing information pursuant to this Authorization.

DATE

APPLICANT SIGNATURE

NAME OF REFERENCE

Name: _____

Address: _____

Phone: _____

I HEREBY AUTHORIZE THE RELEASE OF ANY INFORMATION REQUESTED ON THIS FORM.

Applicant: _____ Date: _____

The above applicant has applied for employment with CH Solutions and has authorized the release of information requested on this form. Please complete the bottom section and return it to us. All information is confidential. Thank you for your assistance.

Name: _____ Date: _____

APPLICANT'S NAME: _____

Name used while employed: _____ S.S. #: _____

Position held: _____ Date started: _____

Date employment ended: _____

Reason for leaving: _____

Did worker give proper notice? _____

Would you rehire? _____ Please explain: _____

Please rate applicant on the following:

	Above Average	Average	Below Average	Knowledge
Appearance				
Attendance				
Cooperation				
Dependability				
Initiative				
Job Knowledge				
Relation with Others.....				
Quantity of Work				
Quality of Work				

Comments: _____

Signature: _____ Date: _____

Champion HomeCare Solutions

NOTICE/AUTHORIZATION AND RELEASE FOR THE PROCUREMENT OF A CONSUMER AND/OR INVESTIGATIVE CONSUMER REPORT (PLEASE PRINT OR TYPE)

In connection with my application for employment with **CH Solutions** I authorize **Kroll Background America (KBA)** or its agents or another designated entity or governmental agency, to obtain a consumer report about my background, character or reputation. This report will be used to evaluate my eligibility for hire and continued employment with **CH Solutions**. Depending on the position I hold, I understand that this report may include, but is not limited to, information as to my employment, education, driving record, licensure, certification, social security number verification, credit history, criminal record and/or other public records history. I authorize all persons to fully disclose information relevant to any investigation. I release from liability **CH Solutions** KBA, any and all persons, companies and governmental or other agencies procuring or disclosing such information from any and all liability, claims, and/or demands by me or my heirs, or others making such claim or demand on my behalf for providing a consumer report on me. I further authorize that a photocopy of this authorization may be considered as an original.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report prepared by KBA of which I am the subject upon my written request to **CH Solutions** if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et seq.

I HAVE READ AND UNDERSTAND THIS NOTICE AND I AUTHORIZE, ANY PERSON, AGENCY OR OTHER ENTITY CONTACTED BY KROLL BACKGROUND AMERICA, OR ITS AGENTS, OR ANOTHER ENTITY OR GOVERNMENTAL AGENCY TO FURNISH THE ABOVE MENTIONED INFORMATION. I FURTHER UNDERSTAND THAT THIS AUTHORIZATION/RELEASE IS VALID FROM THE DATE OF MY SIGNATURE FORWARD AND THROUGHOUT MY TERM OF EMPLOYMENT WITH HCR MANOR CARE. I CERTIFY THAT THE INFORMATION I PROVIDE ON THIS FORM IS TRUE AND CORRECT.

THIS FORM WILL NOT BE ACCEPTED IF ALTERED, ILLEGIBLE, OR INCOMPLETE.

Date: _____

SIGNATURE	SOCIAL SECURITY #	DRIVER'S LIC. #	STATE
TYPE OR PRINT NAME (last, first, middle initial)	OTHER NAMES USED (alias, maiden, nickname)		YEARS USED
CURRENT ADDRESS			

STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVING HERE
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PLEASE LIST ALL ADDRESSES FOR LAST SEVEN (7) YEARS (If you need additional space please use the back of this form)

STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVED HERE
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STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVED HERE
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STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVED HERE
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STREET/P.O. BOX	CITY	STATE	ZIP	COUNTY	DATES LIVED HERE
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Have you ever been convicted of any criminal violation of the law other than a minor traffic violation or are you now under pending investigation or charges? Yes No If yes, please attach a complete explanation.

Have you ever been sanctioned, disciplined, debarred, and/or excluded by a duly authorized regulatory agency or are there any current restrictions or limits on your license (s) or certification (s)? Yes No If yes, please attach a complete explanation.

PROFESSIONAL LICENSE (S) OR CERTIFICATION (S) LICENSE OR CERTIFICATION # (S) STATE (S) ISSUED

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**This form is to be completed by the applicant after CH Solutions has made a contingent offer of employment. Without this information, we will be unable to properly identify you in the event we find adverse information during the course of our background investigation.*

 / / *Gender (M or F)

*Date of Birth

Champion HomeCare Solutions

APPLICANT AND EMPLOYEE CONSENT TO ALCOHOL AND DRUG TESTING (CONFIDENTIAL)

Applicant/Employee Name (Print)

I understand that CH Solutions has a policy against the manufacture, use, possession, distribution or sale of illegal drugs and the abuse of legal drugs or alcohol by its employees on company property or while conducting business for the company. I further understand that CH Solutions is committed to a drug-free workplace and has adopted a drug and alcohol-testing program as one method of implementing that policy. I also understand that in the event I become an employee of CH Solutions, I may be subject to reasonable suspicion/probable cause testing in accordance with company policy.

I hereby voluntarily consent to provide samples of my blood, urine and/or breath to a laboratory designated by CH Solutions to determine the presence or use of alcohol or drugs. I understand that all screening tests for drugs and alcohol will be subject to careful testing procedures. I further understand that if my test indicates positive for illegal drugs, abuse of legal drugs or alcohol, as an applicant I will not be considered for employment, or as an employee, I may be subject to discipline including termination. I release and discharge CH Solutions and its related companies as well as the laboratory, officers, employees, agents and representatives from any claim or liability arising from such tests, including the testing process and procedures, analysis, and disclosure of the results.

I voluntarily authorize the release of medical information concerning the results of my drug and/or alcohol test(s) to company representatives who will use it to determine if I am in compliance with company work rules and policies on drugs and/or alcohol. I understand that I am entitled to a copy of this authorization. I also understand that refusal by me to sign this consent will be cause for termination or ineligibility for employment.

Applicant/Employee Signature

Date

Witness Signature

If applicant/employee is a minor:

I, the parent or court-appointed guardian, do hereby consent to have said minor submit to a drug and/or alcohol screening test.

Parent or Legal Guardian Signature

Date





CHAMPION
HOMECARE SOLUTIONS

INVITATION TO SELF-IDENTIFY

Employee/Candidate Name: _____ Date: _____

Position Applied For: _____ Current Position: _____

As an employer with and Affirmative Action Obligation pursuant to Executive Order 11246, the Vietnam Era Veterans Readjustment Assistance Act, and the Rehabilitation Act, we must comply with government regulations regarding the collection of demographic information about our employees and about those individuals being considered for employment with our organization. We are required to invite individuals being considered for employment to self-identify as to gender, racial origin and ethnicity. Only if an offer of employment is extended, individuals are invited to self-identify as to disability or disabled veteran status. We are also required to invite all employees to self-identify for consideration under our Vietnam Era Veteran's and Disabled Affirmative Action Programs as well as to other veteran status.

If you believe that you are covered by the above Acts, the Company invites you to self-identify for consideration under its Affirmative Action Programs. Provision of this information is voluntary and refusal to provide it will not subject the applicant or employee to adverse treatment. Further, if provided, the information will be kept confidential and used only in accordance with the Acts and regulations.

I am: _____ Male _____ Female

I am: _____ Black _____ Hispanic or Latino (White)
 _____ Asian _____ Hispanic or Latino (all other races)
 _____ White _____ Native Hawaiian or Other Pacific Island
 _____ American India/Alaskan Native White
 _____ I prefer not to disclose this information

Definitions:

Black or African American: (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.

Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

White: (Not of Hispanic Origin) – All persons having origins in any of the original people of Europe, North Africa, or the Middle East.

American Indian or Alaskan Native: All persons having origins in any of the original people of North America and who maintain cultural identification through tribal affiliation or community recognition.

Hispanic or Latino (white race only): A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White Race.

Hispanic or Latino (all other races): A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any other race other than White.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.