

Please print

Date: _____

PERSONAL INFORMATION

Circle position requested: RN LPN CNA HHA OTHER

Name: Last: _____ First: _____ Middle: _____

Address: _____ City: _____ State/Province: _____ Zip: _____

Phone: (_____) _____ Best time to reach you: A. M. P.M. Social Security: _____

Cell Phone: (_____) _____ Email: (_____) _____

Referred By: _____ (Ad, Job Fair, Flyer, Individual, Other)

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: (_____) _____

City: _____ State: _____ Zip: _____

Have you ever been convicted of a felony? Yes No Have you ever been convicted of a drug related misdemeanor? Yes No

Have you been named in a medical-professional liability suit within the last five years? Yes No If yes, please attach explanation.

EDUCATIONAL BACKGROUND

Education	Name/Location of School	Month/Year Graduated	Type of Degree
High School/Voc./GED		/	
College		/	
Graduate School		/	

Areas of clinical experience: 1. _____ 2. _____ 3. _____

LICENSURE

RN LPN ONLY

License #: _____ State: _____ Active: Yes No

Additional Licensures

State: _____ # _____ Active: Yes No State: _____ # _____ Active: Yes No

Please attach copies of all licenses indicated above.

Have you ever had disciplinary action taken against any of your licenses? Yes No

If yes, explain: _____

CERTIFICATION

CNA certified: Yes No Date: _____

CPR certified: Yes No Expires: _____

Approved Course Certification (enclose copies)

Course Name: _____ Cert. Date: _____ Course Name: _____ Cert. Date: _____

Course Name: _____ Cert. Date: _____ Course Name: _____ Cert. Date: _____

Applicant Name: _____ All information must be completed, most recent employment first.

WORK HISTORY

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Specialty Experience: _____
1. _____ 2. _____ 3. _____

Dates of Employment: _____ Reason for Leaving: _____
Was this a private duty or per diem assignment: Yes No If yes, did you work for an agency: _____

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Specialty Experience: _____
1. _____ 2. _____ 3. _____

Dates of Employment: _____ Reason for Leaving: _____
Was this a private duty or per diem assignment: Yes No If yes, did you work for an agency: _____

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Specialty Experience: _____
1. _____ 2. _____ 3. _____

Dates of Employment: _____ Reason for Leaving: _____
Was this a private duty or per diem assignment: Yes No If yes, did you work for an agency: _____

Employer: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Specialty Experience: _____
1. _____ 2. _____ 3. _____

Dates of Employment: _____ Reason for Leaving: _____
Was this a private duty or per diem assignment: Yes No If yes, did you work for an agency: _____

Date _____ Signature _____

Offers of employment are contingent upon the following: a.) Your undergoing a medical examination and required laboratory tests and immunization history as defined on the Health Statement. This is necessary to determine that you are protected from communicable diseases and able to perform the duties of the position, b.) Duffy & Lowenthal receipt of your negative drug test result, in compliance with Drug Free Workplace policy, c.) Receipt of written verification of your license from the Department of Professional Regulation, d.) Receipt of replies from at least 2 references, e.) Criminal Background check. Your signature below indicates your understanding and willingness to comply.

Applicant Name: _____

WORK ASSIGNMENT PREFERENCE

Do you prefer ____ Full-Time or ____ Part-Time.

If hired, on what date could you start: _____

Date of Last Physical Exam: _____

Do you have a valid driver's license: _____ DL#: _____ Do you drive? ____Yes ____ No

Has your driver's license ever been suspended or revoked? _____

If yes please explain _____

Do you have access to a car? _____ Insurance policy information _____

If given directions, will you accept work assignments in the Chicagoland suburbs? _____

If applying for a private duty assignment please answer the following:

Are you available for _____ Live-in ____ Hourly Only What hours/days _____

Will you work in a home with pets? _____ Will you work in a home where the client smokes? _____

Do you have experience working with:

Disabled children: _____ Disabled adults: _____ Elderly: _____ No Preference _____

Please check Y or N to each question:

	YES	NO
Have you been trained to give a bed bath ?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever given a bed bath?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been trained to lift a patient?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been trained to do a bed-to-chair transfer?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked with confused patients?	<input type="checkbox"/>	<input type="checkbox"/>
Can you cook for another person?	<input type="checkbox"/>	<input type="checkbox"/>
Have you washed and styled a client's hair?	<input type="checkbox"/>	<input type="checkbox"/>
Have you done a client's laundry?	<input type="checkbox"/>	<input type="checkbox"/>
Have you changed incontinent garments on an adult?	<input type="checkbox"/>	<input type="checkbox"/>
Would you work with male clients?	<input type="checkbox"/>	<input type="checkbox"/>
Would you work with female clients?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any physical/mental conditions that limit your ability to do the above tasks?	<input type="checkbox"/>	<input type="checkbox"/>

Date _____

Signature _____

At Will Policy Acknowledgment

All employment and compensation with **Duffy & Lowenthal** is "at will" which means that your employment can be terminated with or without cause, and with or without notice, at any time, by you or by **Duffy & Lowenthal**.

Nothing in the **Duffy & Lowenthal** Policy and Procedure Manual is intended to create an employment contract between **Duffy & Lowenthal** and employee either for employment or for the providing of any benefit. If an employment relationship is established, the employee has the right to terminate his or her employment at any time and the **Duffy & Lowenthal** has the same right. The **Duffy & Lowenthal** Policy and Procedure Manual does not constitute a contract of employment, nor does it contain all of the information you will need during the course of your employment.

Duffy & Lowenthal assumes no contractual liability to any employee via the job description or the **Duffy & Lowenthal** Policy and Procedure Manual. The employee shall hold **Duffy & Lowenthal** harmless from liability due to the nature, scope, or assignment outlined by any job description.

The contents of **Duffy & Lowenthal** Policy and Procedure Manual are presented as a matter of information only.

Employee

Date

Witness (**Duffy & Lowenthal** employee)

Date

Drug Free Workplace Policy Acknowledgment

I have read and understand the Drug Free Workplace Policy of **Duffy & Lowenthal**. I am aware that **Duffy & Lowenthal** requires that I submit to pre-employment and/or random drug testing. I am expected to comply with these requirements in order to maintain employment with **Duffy & Lowenthal**.

Employee Signature

Date

Witness (Duffy & Lowenthal employee)

Date

The following are excellent sources for information on drug and/or alcohol abuse.

We encourage you to contact them if you or someone close to you

has a drug or alcohol problem:

National Institute on Drug Abuse Hotline

(800) 622-HELP

National Clearinghouse for Alcohol & Drug Information (NCADI)

Box 2345, Rockville, MD 20852

(310) 469-2600

Authorization to Provide Reference Information

I, the undersigned, having applied for a position with **Duffy & Lowenthal**, do hereby authorize you, my former employer, to provide **Duffy & Lowenthal** with the information requested. I hereby authorize you to furnish any or all information regarding my employment record, as well as any other pertinent information. I hereby release all such employers, including their representatives and agents, from all liabilities for any damage whatsoever which may result from the information provided.

Signature

Date

Print Name

Names and phone numbers of references to check:

Request for Reference Information

To: _____

Street: _____

City: _____ State: _____ Zip: _____

Dear Employer:

The below named applicant has applied to this agency for employment and has given us permission to request information from you as indicated by the signature below. We appreciate your answers to the following questions. All information will be held in strict confidence and under no circumstances will be divulged of the employee or any other person/organization, except as required by law. A stamped, self-addresses envelope is enclosed for your convenience. Thank you for your cooperation.

Name of Applicant: _____

Social Security Number: _____

Position Held: _____ Special Work: _____

Employed From: _____ to: _____ Was employment continuous? Yes No

Applicants Signature: _____ Date: _____

EVALUATION

	Excellent	Good	Fair	Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate to Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Signature: _____ Title: _____ Date: _____

Request for Reference Information

To: _____

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City: _____ State: _____ Zip: _____

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Social Security Number: _____

Position Held: _____ Special Work: _____

Employed From: _____ to: _____ Was employment continuous? Yes No

Applicants Signature: _____ Date: _____

EVALUATION

	Excellent	Good	Fair	Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate to Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Signature: _____ Title: _____ Date: _____

Request for Reference Information

To: _____

Street: _____

City: _____ State: _____ Zip: _____

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Name of Applicant: _____

Social Security Number: _____

Position Held: _____ Special Work: _____

Employed From: _____ to: _____ Was employment continuous? Yes No

Applicants Signature: _____ Date: _____

EVALUATION

	Excellent	Good	Fair	Poor
Quality of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantity of Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Time Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to Relate to Supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments: _____

Signature: _____ Title: _____ Date: _____

Receipt & Acknowledgement of DL Comprehensive Healthcare Employee Handbook & Manual

This Employee Handbook and Manual is an important document intended to help you become acquainted with DL Comprehensive Healthcare. This Handbook & Manual will serve as a guide; it is not the final word in all cases. Individual circumstances may call for individual attention.

Because the general business atmosphere of DL Comprehensive Healthcare and economic conditions are always changing, the contents of this Handbook & Manual may be changed at any time at our discretion. No changes in any benefit, policy or rule will be made without due notice and consideration of the mutual advantages, disadvantages, benefits and responsibilities such changes will have on you as an employee and on DL Comprehensive Healthcare.

Please read the following statements and sign below to indicate that you received the Handbook and Manual and that you acknowledge you have read the DL Comprehensive Healthcare Employee Handbook and Manual.

- 1) I have received and read a copy of the DL Comprehensive Healthcare Employee Manual. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of DL Comprehensive Healthcare at any time. I understand that this manual replaces all other previous manuals.
- 2) I further understand that my employment may be terminated, either by myself or DL Comprehensive Healthcare, regardless of the length of my employment or the granting of benefits of any kind, including but not limited to profit sharing benefits which provide for vesting based upon length of employment.
- 3) I understand that the Handbook and Manual is not a contract, express or implied, between DL Comprehensive Healthcare and myself.
- 4) I am aware that during the course of my employment confidential information may be made available to me, i.e., client records, client and family lists, fee policies, marketing strategies and other related information. I understand that this information is critical to the success of DL and must not be given out or used outside of premises or with individuals who are not DL Comprehensive Health Care employees. In the event of termination of employment, whether voluntary or involuntary, I hereby agree not to utilize or exploit this information with any other individual or company.
- 5) I understand that my signature below indicates that I have read and understand the above statements and have received a copy of the DL Comprehensive Healthcare Employee Handbook & Manual.

Employee's Printed Name

Position

Employee's Signature

Date

DL Representative Signature

Date