



**Partners In Home Care, LLC**  
**2345 Detroit Avenue**  
**Maumee, OH 43537**  
**Telephone: 419-389-1020**  
**Fax: 419-389-1300**

# Employee Data Packet

This is a drug free work environment  
A drug test may be required for employment

## EMPLOYEE APPLICATION

*Print Clearly and complete ALL information requested.*

Name \_\_\_\_\_  
First MI Last

Present Address \_\_\_\_\_  
Street Number City State Zip

Permanent Address (if different) \_\_\_\_\_  
Street Number City State Zip

Home Phone \_\_\_\_\_ Pager Number \_\_\_\_\_  
Include Area Code Include Area Code

Cellular Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Include Area Code

Date of Birth \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Have you ever pled guilty or "no contest" to, or been convicted of, a misdemeanor or felony?

\_\_\_\_ Yes \_\_\_\_ No

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial?

\_\_\_\_ Yes \_\_\_\_ No

If yes, give the date(s) and details \_\_\_\_\_

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic infractions, and convictions for which the record has been sealed or expunged).

Are you able to satisfactorily perform the essential job duties required of the position for which you are applying, either with or without accommodations? \_\_\_\_ Yes \_\_\_\_ No

Hours of availability/shift preference DAYS \_\_\_\_\_ AFTERNOONS \_\_\_\_\_ MIDNIGHTS \_\_\_\_\_  
WEEKENDS \_\_\_\_\_ HOLIDAYS \_\_\_\_\_

Date of start \_\_\_\_\_  
Include year

Are you currently employed? Yes \_\_\_\_ no \_\_\_\_ If so, may we contact your present employer? \_\_\_\_\_

Have you ever applied or worked for this company before? \_\_\_\_ Yes \_\_\_\_ No If yes, specify date(s) \_\_\_\_\_

Have you served in the United States Armed Forces? \_\_\_\_ Yes \_\_\_\_ No Branch \_\_\_\_\_ Final Rank \_\_\_\_\_

Additional training skill, experience, and special achievement relevant to position \_\_\_\_\_

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Education	Name of School	Grad. Date	#of years completed	Did you graduate?	Degrees earned
High School					
College					
Graduate					

List present and prior employers beginning with the most recent. Attach additional sheets if necessary.

This company is an equal opportunity employer dedicated to nondiscrimination in employment. The company selects the best-qualified individual for the job based on job-related qualifications regardless of race, age, color, religion, sex, national origin, ancestry, marital status, disability, or any basis protected by applicable law.

	<i>Name &amp; Address of Employer</i>	<i>Initial Position and Duties Final Position and Duties</i>	<i>Previous Supervisor Telephone Number</i>	<i>Starting Pay Ending Pay</i>	<i>Reason for Leaving</i>
From/To					
From/To					
From/To					

Have you been terminated or asked to resign from any job? \_\_\_\_yes \_\_\_\_no If yes, explain circumstances \_\_\_\_\_

Please explain fully any gaps in your employment history \_\_\_\_\_

Overall health status. Describe \_\_\_\_\_

Chronic illness \_\_\_\_yes \_\_\_\_No Medications \_\_\_\_Yes \_\_\_\_No

Do you have adequate transportation to and from work? \_\_\_\_Yes \_\_\_\_No

Do you have any friends or relatives who work for the company? \_\_\_\_Yes \_\_\_\_No If yes, who? \_\_\_\_\_

List three personal references who know you well, but are not previous employers or relatives.

Name	Address	Phone number

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE

\_\_\_\_\_  
SIGNATURE of APPLICANT

\_\_\_\_\_  
DATE

## Background Check Authorization

Complete all items on this page unless otherwise directed

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and shall not be used for any other purpose.

Print Full Legal Name \_\_\_\_\_ [ ☐ ] Male [ ☐ ] Female

Print other names you have used \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ Issuing State \_\_\_\_\_

Birth Date \_\_\_\_\_ Place of Birth (City and State) \_\_\_\_\_

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ How long at this address? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ How long at this address? \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ How long at this address \_\_\_\_\_

Previous Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ How long at this address \_\_\_\_\_

I authorize the Partners In Home Care, LLC (PHC) and/or its agents to request a consumer report, or investigative consumer report about me for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I understand that background reports will be requested on me, including credit reports, criminal convictions, employment history, education, professional references, personal references, civil court filings, driving records and insurance records. These reports may include information as to my character, general reputation, personal characteristics, mode of living, work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further, I understand that requests for information will be made of various private and government agencies, which maintain records concerning my past activities.

I release Partners In Home Care, LLC and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liability claims or damages that may occur directly or indirectly result from the use of, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

X \_\_\_\_\_  
SIGNATURE OF APPLICANT DATE

### Applicant's Statement & Agreement

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol in my system, performed by a doctor selected by the Company. Further, I understand that any time after I am hired, the Company may require me to submit to physical examination and an alcohol test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests such as personality tests or honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

Drug screening may be done initially and retested or initiated at supervisor's discretion if drug use/abuse is suspected.

I understand that the company may investigate my driving record and my criminal record and that an investigation consumer may be prepared whereby information is obtained through personal interviews with personal references, and others whom I am acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics. I understand that I have the right to make a written inquiry, within a reasonable period of time, to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information I favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigrations laws require me to complete an I-9 Form in this regard.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by the Company at any time and for any reason whatsoever, with or without good cause at the option of either the Company or myself. No implied, oral, or written agreement contrary to the expressed language of this agreement is valid unless they are in writing and signed by the Administrator. No supervisor or representative of the Company other than the Administrator has the authority to make any agreements contrary to forgoing. This agreement is the entire agreement between the Company and the employee regarding the rights of the Company or employee to terminate employment with or without good cause, and this agreement takes the place on all prior agreements, representations, and understandings of the employee and the Company.

If you have questions regarding this statement, please ask a Partners In Home Care, LLC representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT

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SIGNATURE OF APPLICANT

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DATE

I understand that upon my termination from Partners In Home Care, LLC whether voluntary or involuntary, I agree to rectify all of my medical records. In addition, I will ensure that all of my medical records (active and discharged charts) are completed and in compliance with Medicare and agency guidelines.

I understand that my failure to rectify my medical records may result in forfeiture of my last paycheck from Partners In Home Care, LLC for care that the agency will not be able to bill for.

**My signature verifies that I agree to adhere to this policy.**

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Signature/Title

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Date

**Partners In Home Care, LLC**  
 2345 Detroit Avenue  
 Maumee, Ohio 43537  
 Telephone (419) 389-1020  
 Fax (419) 389-1300



### Reference Check

Name of employer / former employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_

*I hereby give permission to release the information listed below to Partners In Home Care.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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The above applicant is being considered for a position with Partners In Home Care. We would very much appreciate if you would check the appropriate spaces below that best describe the applicant's job performance. Please return this form to us at your earliest convenience.

Position held: \_\_\_\_\_

Position held from: \_\_\_\_\_ to \_\_\_\_\_

	<i>Outstanding</i>	<i>Above Average</i>	<i>Average</i>	<i>Poor</i>
Job Knowledge				
Quality of Work				
Dependability				
Attendance				
Attitude				
Personality				

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_