

Family Home Medical
 121 East Fifth Street
 Mt. Carmel, Pa 17851
 570-339-4049

APPLICATION FOR EMPLOYMENT

What type of employment are you looking for:

Full Time Part Time Per Diem RN LPN Nurses Aide Administrative

Personal Information		
Name:	Social Security #:	
Professional License Held:	Expiration Date:	
License #:	State License Held:	
Home Address:		
City, State, Zip:		
Home Phone:	Mobile Phone:	Have you resided in PA for the past two consecutive years?
US Citizen?	If Not Give Visa No & Expiration:	
Position Applying For		
Title:	Salary Desired:	
Referred By:	Date Available:	
Education		
High School (Name, City, State)		
Graduation Date:		
Business or Technical School:		
Dates Attended:	Degree, Major:	
Undergraduate College:		
Dates Attended:	Degree, Major:	
References		
Name	Phone Number	Address:
General Data		
Do you have any physical or mental limitations or disabilities which may limit your ability to perform the job for which you are applying? If yes, describe the condition and any accommodations that need to be made to allow you to perform the job:		
Are you between the ages of 18 and 70: Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been convicted of a crime? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please describe below) Your answer will be only one of several factors considered in the employment decision and will be evaluated in terms of the nature, severity and date of the offense.		
Date	Offense:	
Please describe any limitations that would prevent you from performing the job applied for.		
Limitation:		

Please enter the days and time that you are available for work:

Time:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

May we contact your present employer? Yes No

Employment History

Company Name:	Telephone Number:
Address:	Employed From: To:
Name of Supervisor:	Wages:
State job title and describe nature of work:	Reason for leaving:

Company Name:	Telephone Number:
Address:	Employed From: To:
Name of Supervisor:	Wages:
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Company Name:	Telephone Number:
Address:	Employed From: To:
Name of Supervisor:	Wages:
State job title and describe nature of work:	Reason for leaving:

PLEASE READ CAREFULLY BEFORE SIGNING

1. I hereby certify, under penalty of immediate dismissal that this application for employment has been completed fully and correctly.
2. I understand that inquiries may be made to former employers or their agents, to personal references, and to others with who I am or have been acquainted; and that those inquiries may include information regarding my character, my general reputation, and my overall working attitudes. My permission is hereby granted to make such inquiries.
3. If I am accepted for employment with this company, I agree to abide by its personnel policies and to report to my supervisor any and all job accidents all illness within twenty four (24) hours of their occurrence, regardless of the severity.

Signature

Date

Please read each statement closely and initial each acknowledging your understanding and acceptance of each statement.

Equal Employment Opportunity Statement

_____ FHMSS is committed to the principles of equal employment opportunity and is committed to make employment decisions based on merit. We are committed to complying with all Federal, State, and Local laws providing for equal employment opportunities, as well as all laws related to terms and conditions of employment. FHMSS desires to maintain a work environment that is free of sexual harassment and discrimination due to race, religion, color, national origin, physical or mental disability, age, or any other status protected by Federal, State, or Local laws. FHMSS will make reasonable efforts to accommodate those mental or physical limitations of an otherwise qualified employee unless due hardship would result for the company.

Discrimination and Sexual Harassment Policy Statement

_____ FHM will not tolerate any form of unlawful discrimination, including sexual harassment. Any employee who engages in unlawful discrimination or sexual harassment will be subject to appropriate discipline, up to and including termination. Prohibited sexual harassment can be defined as but not limited to: unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitutes sexual harassment when (1) submission of such conduct is made whether explicitly or implicitly a term or condition of an individual's employment; (2) submission to or action of such conduct by an individual is used as the basis for employment decisions affecting such individuals; or (3) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment.

Disclosure Concerning Drug/Alcohol Testing and Criminal Background Checks

_____ If you are offered a position with the FHM, you may be given a drug/alcohol test as a condition of your employment. Your refusal to timely submit to a drug/alcohol test or your failure to pass such a test means you will not be employed by this company. Neither the collector of specimens or the medical professional who reviews the test results will be a company employee. The test results will be kept confidential. Negative test results are required as a condition of employment. All employees offered a position with FHM will be required to submit to a criminal background check conducted through the PA State Police Elder Care criminal background status check.

Complete and Accurate Information

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I have personally completed this application. I understand that any omission or misstatement of material fact on this statement, or any other document used to secure employment, shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time lapse before discovery.

At - Will Employment

_____ I understand that if I am employed, my employment will be "at will", which means that FHM may terminate the employment relationship at any time, with or without cause and with or

without notice. Likewise, the Company will respect my right to terminate my employment at any time, with or without cause and with or without notice. I further understand that any prior representation, whether expressed or implied to the contrary, is hereby superseded and that no promise or representation contrary to the forgoing is binding on the Company unless made in writing and signed by the Company CEO.

Testing Authorization

_____ If offered a position with FHM, I hereby agree to any legally permitted physical, psychological, skill, drug or medical test required by FHM as a condition of employment.

Investigation Authorization

_____ I authorize investigation into all statements and references contained in this application. Said investigation may include credit, driving, criminal background, references and other background checks. By applying for this job, I also authorize post-hire investigation into these above mentioned checks.

Company Obligation

_____ I understand and agree that FHM acceptance of this job application does not mean that a position for which I am qualified is open (unless specifically posted) or that the Company has agreed to hire me. I understand that the Company is under no obligation to hire me as the result of accepting this completed application.

I have read and understand the above policy statements and agree to be bound by them if employed by Family Home Medical.

Employee Signature

Date

Employee Printed Name