

**AmaraMedical Health Care
Employment Application**

First Name **Middle Initial** **Last Name** **Date**

Street Address **City** **State/Province** **Zip Code**

Date of Birth **Social Security Number**

Home Phone **Cell** **Alternative Phone** **Email**

Where did you hear about us?

Search engine _____ Yellow Pages _____ Friend _____ Patient _____ Newspaper _____ Other (please specify) _____

In order to match you with the best opportunities, please answer the following questions:

If an employment opportunity is offered, you will be asked to show proof of: identification, reliable transportation, an up to date physical exam, TB Test, and work references with the health care field. Will you provide this information? Yes _____ No _____

Do you currently hold a license? Yes _____ No _____
If yes, which profession? _____ **License Number** _____ **State Issued** _____

Have you ever been involved with a civil action relating to medical malpractice or negligence? Yes _____ No _____

Has your license ever been suspended or revoked? Yes _____ No _____
If yes, please explain _____

Position currently held:

RN _____ LPN _____ STNA _____ HHA _____ CHHA _____ Physical Therapist _____ Occupational Therapist _____ Speech Therapist _____ Medical Social Worker _____ Other _____

Type of Environment:

Assisted Living Care _____ Home Care _____ Nursing Home _____ Hospital _____ Clinic _____ Doctor Office _____
Other _____

Are you available to work:

Full Time _____ Part Time _____ PRN _____

Date Available to start work

(mm/dd/yyyy) _____

What shifts are you available to work?

1 shift _____ 2nd shift _____ SD shift _____ 12 day _____ 12 night _____ Any _____

Days available for assignment:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Are you available to work some weekend and holidays? Yes _____ No _____

Assignments willing and able to perform:

Home care visits _____ Hospital staffing _____ Nursing home staffing _____ Clinics/doctors offices _____

Have you been previously employed by Amaramedical Health Care? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please explain _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If yes please explain _____

A conviction includes without limitation pleading guilty no contest or having a finding of guilt. Employment will not be denied solely because of a conviction record, unless required by law.

Are you prevented from lawfully becoming employed in this country because of visa or immigration status?

Yes _____ No _____

Please provide two (2) personal references:

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Education

High School Diploma _____ GED _____ None _____

College: Yes _____ No _____ Years attended _____ Degree Awarded _____

Employment History:

Please complete for your last 3 employers. Please start with the most current position.

From: mm/dd/yyyy _____ To: mm/dd/yyyy _____

Employer: _____ Supervisor: _____

Position Held: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

Described work performed: _____

From: mm/dd/yyyy _____ To: mm/dd/yyyy _____

Employer: _____ Supervisor: _____

Position Held: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

Described work performed: _____

From: mm/dd/yyyy_____ **To:** mm/dd/yyyy_____

Employer: _____ **Supervisor:** _____

Position Held: _____

Street Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone number: _____

Described work performed: _____

I understand that this corporation cannot guarantee any designated number of hours of employment per week or position preference, including location. I understand that any misrepresentation of facts on this application is sufficient cause for immediate termination of employment. I have not intentionally withheld any information which would affect my consideration for employment.

I agree that I shall willingly submit myself prior and during my employment, upon request by AmaraMedical Health Care Services, Inc. and/or administration of said service, to drug testing at any time.

My employment will be based upon references and criminal background investigation. I release all information including that obtained from law enforcement agencies.

Applicant Signature

Date

Please email completed application to amaramedical@fuse.net, mail to PO Box 344, Miamitown, OH 45041
or fax to 513-353-1671