

Return the completed application to:
edward.lara@ahhc-1.com



1660 N. Farnsworth Ave., Suite #3, Aurora, IL 60505
630-236-3501 • 630-585-0074

Dear Applicant:

Thank you for your interest in American Home Health.

As one of the leaders in the home health care field, our strong commitment to quality and customer service depends upon the individuals we hire. Therefore, your application for employment is only one of the components of our screening and hiring process.

In addition to this application and a Skills Inventory, minimum requirements for employment include the following:

- Current, verifiable license/certification, in good standing
- Current CPR
- At least two professional references
- Proper I-9 Documentation. Example of possible combinations:
Original of driver's license or State ID (need to see original) AND original of Social Security card or birth certificate (need to see original)
Note: The law allows individuals to submit items other than driver's license/State ID and Social Security card/birth certificate for documentation for the I-9. If you wish to explore these options, please contact me at (630) 236-3501.
- An ability to perform the essential functions as listed on the job description with or without reasonable accommodation
- Interview(s)

Should you be offered a position, you would also be required to meet the following post-conditional offer requirements:

- Provide documentation proving your eligibility to work in the USA
- Proof of appropriate health status (TB, physical exam, Hepatitis B Vaccination) is required.
- Criminal background screening
- Orientation to company policies
- DCFS Mandated Reporter Training
- OSHA training
- HIPAA training

Your candidacy will be based on a favorable mix of all of the above, as well as the availability of a position which matches your skills with the needs of our business. If you meet American's hiring standards but no position is available at the time, we would encourage you to contact us in the future to reconsider your application.

Again, thank you for your interest in American Home Health Corp. Please be sure to fill in all sections of the application completed. We assure you that our extensive process is designed in the interest of selecting high quality individuals.

Sincerely,

Edward Lara
HR and Finance Director

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1660 N. Farnsworth Ave., Suite #3, Aurora, IL 60505
630-236-3501 (Phone) 630-585-0074 (Phone)
630-236-3505 (Fax)

EMPLOYMENT APPLICATION

Date: _____

Last Name _____ First Name _____ MI _____
Address: St. _____
City _____ State _____ Zip _____
Email _____ Social Security # _____
Phone _____ Cell Phone _____
Emergency Contact _____ Phone _____
Position Applying For _____ Date Available to Start _____

Please circle your preferences and availability. Please circle all that apply:

Full-time Part time Days (7-3) Afternoons (3-11) Nights (11-7) Private Duty
Sunday Monday Tuesday Wednesday Thursday Friday Saturday Intermittent

I have the following scheduling restrictions _____

High School Name _____ Completed Yes No
Nursing School Name _____ Completed Yes No
School Name _____ Degree _____ Date _____
Address _____ Major _____
License Type _____ Number _____ State _____ Expiration _____
License Type _____ Number _____ State _____ Expiration _____
CPR Expiration _____ Last Physical _____ Last TB _____

GENERAL INFORMATION:

Do you have any pending issues with Illinois Department of Professional Regulations? Or any suits pending against you in connection with you professional license. Yes / No (check one)

Are you legally authorized to work in the USA? Yes / No (check one)

(Should you ever become employed by AHHC you will be required to provide documentation proving your eligibility to work in the USA.)

Have you ever been convicted of a felony or misdemeanor crime? Yes / No (check one)

This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction. A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. Revised 01/25/03



EMPLOYEE APPLICATION WORK HISTORY

Work References: List all your work experience beginning with your most recent job. You will be asked to explain all gaps in employment and what you were doing during that time. Include military experience, summer, part time jobs and any verifiable work performed on a voluntary basis. (attached additional sheets if necessary) Please complete all appropriate items, even if you have already provided us with a resume.

1. Employer _____

Address _____ City _____ State _____ Zip _____

From _____ To _____ Phone _____ Manager Name _____

Pay Rate _____ Salary Hourly Annually May we contact? Yes / No

Describe job duties/department

Reason for Leaving _____

2. Employer _____

Address _____ City _____ State _____ Zip _____

From _____ To _____ Phone _____ Manager Name _____

Pay Rate _____ Salary Hourly Annually May we contact? Yes / No

Describe job duties/department

Reason for Leaving _____

3. Employer _____

Address _____ City _____ State _____ Zip _____

From _____ To _____ Phone _____ Manager Name _____

Pay Rate _____ Salary Hourly Annually May we contact? Yes / No

Describe job duties/department

Reason for Leaving _____



Skills	Adult	Pediatric	Comments
Universal Precautions	<input type="checkbox"/>	<input type="checkbox"/>	
PDN Standards and Documentation	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilator	<input type="checkbox"/>	<input type="checkbox"/>	
Oxygen	<input type="checkbox"/>	<input type="checkbox"/>	
Pulse Oximeter	<input type="checkbox"/>	<input type="checkbox"/>	
Trach Care	<input type="checkbox"/>	<input type="checkbox"/>	
Enteral Feedings	<input type="checkbox"/>	<input type="checkbox"/>	
NG-Tube	<input type="checkbox"/>	<input type="checkbox"/>	
G-Tube	<input type="checkbox"/>	<input type="checkbox"/>	
Apnea Monitor	<input type="checkbox"/>	<input type="checkbox"/>	
HH Standards and Documentation	<input type="checkbox"/>	<input type="checkbox"/>	
PIV	<input type="checkbox"/>	<input type="checkbox"/>	
CVL	<input type="checkbox"/>	<input type="checkbox"/>	
Port-A-Cath	<input type="checkbox"/>	<input type="checkbox"/>	
Epidural Lines	<input type="checkbox"/>	<input type="checkbox"/>	
Wound Vac	<input type="checkbox"/>	<input type="checkbox"/>	
Specialty Medication	<input type="checkbox"/>	<input type="checkbox"/>	



EMPLOYMENT APPLICATION

How were you referred to us? _____

REFERENCES

Name _____ Title _____ Phone _____

Address _____ City _____ State _____ Zip _____

Name _____ Title _____ Phone _____

Address _____ City _____ State _____ Zip _____

Please list any other work related information you think would be helpful to us in considering you for employment, such as additional work experience, accomplishments, languages & activities:

APPLICANT ACKNOWLEDGMENT

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment.

I authorize American Home Health to investigate my employment history, credentials and to obtain any relevant information (including a criminal background check) needed to make an employment decision. I authorize AHHC to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize AHHC to disclose any of my performance appraisals, disciplinary records or skill tests for the same purposes as above. I release AHHC and any individual or entity providing information to AHHC from all liability for any damages from the disclosure of this information.

I also understand and agree that:

- Passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.
- I may be subject to pre-employment drug testing, or a drug test where a reasonable suspicion exists, or where warranted by circumstances, workplace conditions or contractual requirements.

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between AHHC and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will," that I will have the right to terminate my employment at any time, and that AHHC will retain a similar right to terminate my employment at any time.

I understand that should I become employed by AHHC, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of American Home Health Corporation.

Applicant's Signature _____ Date _____

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. C2000d et seq.) and 45 C.F.R. part 80, section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. d794) and 45 C.F.R. part 84, and the Age Discrimination Act of 1975 (42U.S.C. d6101 et seq.) and 45C.F.R. part 91, the company adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment or for all person employed by the company. The company does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin or disability.