



**AN EQUAL OPPORTUNITY EMPLOYER**

*It is the policy of Ace Compliance Consulting to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.*

**EMPLOYEE PROFILE**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Mobile \_\_\_\_\_ Alt # \_\_\_\_\_

**ALTERNATE CONTACT (Optional)**

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Name \_\_\_\_\_

Relation \_\_\_\_\_ Relation \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Alt # \_\_\_\_\_ Other \_\_\_\_\_

**PAYMENT HISTORY (Must Complete)**

**Current Salary** \_\_\_\_\_ **Last Pay Rate** \_\_\_\_\_ **Hourly Rate** \_\_\_\_\_ **Quality Assurance Rate** \_\_\_\_\_

**Field Rates-** Admissions \_\_\_\_\_ Re-certification \_\_\_\_\_ Discharge \_\_\_\_\_ Supervisory Visit \_\_\_\_\_ Visit Rate \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**REQUIREMENTS AND REQUIRED DOCUMENTS**

✎ It is the company protocol to have 2 separate personality tests completed. Please complete and return via email.

✎ It is the company's policy to obtain 2 references for verification and complete a background check. Should you have any concerns with this policy, please STOP and request to speak with the interviewer immediately.

✎ **The agency requires copies of the following documents prior to providing assignment.**

Driver's License ♦ Social Security Card ♦ Skilled Licensure ♦ Certifications ♦ (In-service Records)

**Additional items to complete include but not limited to: I-9 ♦ W-4 ♦ Skilled Exams and Competency Evaluation**

**AVAILABILITY**

(Indicate Time Availability below i.e. 9-5)

**Week Day Preferences**

Days available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time Frames ⇄						

☐ Part-Time ☐ Full-Time ☐ Days ☐ Evenings ☐ Nights ☐ Other \_\_\_\_\_

How will you be a contribution to the company?

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## PERSONAL INFORMATION

Last Name	First	Initial	Date of Birth
Street Address			Social Security #
City, State, Zip		Home Telephone #	Cellular/Alternate #
Are you legally able to be Employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Indicate Title (✓) <input type="checkbox"/> RN <input type="checkbox"/> LVN <input type="checkbox"/> Aide <input type="checkbox"/> Other (indicate)	License/Certificate #
Do you have a Criminal History? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Explain		

## GENERAL INFORMATION

Position of Interest: \_\_\_\_\_ Desired Salary \_\_\_\_\_ Possible Start Date \_\_\_\_\_

HOW DID YOU HEAR ABOUT COMPANY? \_\_\_\_\_ ADVERTISEMENT (specify): \_\_\_\_\_

PLACEMENT FIRM (firm name): \_\_\_\_\_ OTHER: \_\_\_\_\_

ARE YOU WILLING TO WORK ANY SHIFT, INCLUDING NIGHTS AND WEEKENDS? ☐ YES ☐ NO \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE COMPANY? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_ POSITION \_\_\_\_\_

ARE ANY RELATIVES, INCLUDING IN-LAWS, EMPLOYED AT THE COMPANY? \_\_\_\_\_

IF YES, GIVE NAME, RELATIONSHIP, POSITION AND LOCATION: \_\_\_\_\_

HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT THE COMPANY? \_\_\_\_\_ IF SO, WHEN? (MO.) \_\_\_\_\_ (YR.) \_\_\_\_\_

## EDUCATION INFORMATION

SCHOOLS/ED INSTITUTIONS	YEARS ATTENDED	GRADUATED	INDICATE ONE	MAJOR STUDIES
HIGH SCHOOL	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CERTIFICATION <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE	
COLLEGE/UNIVERSITY	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CERTIFICATION <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE	
VOCATIONAL, BUSINESS, OTHER	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> CERTIFICATION <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE	

LIST ANY SCHOLARSHIPS, ACADEMIC HONORS, AWARDS OR SPECIAL ACHIEVEMENTS:

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LIST ANY AND ALL SPECIAL SKILLS THAT YOU BELIEVE WILL BE A CONTRIBUTION TO COMPANY:

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## SIGNATURE IDENTIFICATION

**Employee Name: (Print)** \_\_\_\_\_

Script Signature: \_\_\_\_\_ Print Initials \_\_\_\_\_ Script Initials \_\_\_\_\_

## EMPLOYMENT HISTORY

**IMPORTANT!** LIST EMPLOYMENT IN CONSECUTIVE ORDER STARTING WITH YOUR PRESENT OR MOST RECENT EMPLOYER. ALL SECTIONS MUST BE COMPLETED. ADDITIONAL EMPLOYMENT MAY BE LISTED ON A SEPARATE PAGE(S) IF NECESSARY. **MUST HAVE 2 (TWO) GOOD REFERRANCES**

### PRESENT OR MOST RECENT EMPLOYER

FULL NAME OF COMPANY			TELEPHONE		EMPLOYED FROM		TO	
STREET ADDRESS			STATE		ZIP CODE		BEGINNING SALARY	
							ENDING SALARY	
NAME & TITLE OF SUPERVISOR			DEPARTMENT		TITLE OF YOUR POSITION			
REASON FOR LEAVING								

### PREVIOUS EMPLOYER

FULL NAME OF COMPANY			TELEPHONE		EMPLOYED FROM		TO	
STREET ADDRESS			STATE		ZIP CODE		BEGINNING SALARY	
							ENDING SALARY	
NAME & TITLE OF SUPERVISOR			DEPARTMENT		TITLE OF YOUR POSITION			
REASON FOR LEAVING								

### OTHER EMPLOYMENT

LIST PART-TIME EMPLOYMENT WHILE IN SCHOOL, INCLUDING COMPANY NAME(S), ADDRESSES, DATES OF EMPLOYMENT:
HAVE YOU EVER BEEN SUSPENDED, PLACED ON PROBATION, ASKED TO RESIGN, DISCHARGED OR TERMINATED?
IF YES, PLEASE EXPLAIN:

## EMPLOYMENT REQUIREMENTS

All staff becomes **INELIGIBLE TO WORK** if they do not participate in mandatory in-services, meetings and required training. Staff must complete the following:

- ✓ Attend Orientation
- ✓ Maintain updated credentials
- ✓ Submit all clinical documentations weekly on the Monday following skilled visit
- ✓ Admissions must be submitted to agency within (24) hours of assessment
- ✓ Obtain and comply with schedule from scheduler
- ✓ All assignment accepted must be completed by staff or assigned by staff to another nurse upon approval
- ✓ Maintain required training mandated by State and Federal Requirements
- ✓ Understand Medicare Rules and Regulations

### ADDITIONAL REQUIREMENTS

- ❖ All management positions must provide 30 days notice for resignation to obtain final pay check.
- ❖ Quality Assurance Nurses must have at least 2 years experience in home care as a QA nurse.
- ❖ All staff that accepts a case and **NO Show** will be reported to appropriate board for patient abandonment.

**SKILLS**

Indicate Experience in Years or Months for Each Area :(√)

TITLE	YEARS/MTHS	TITLE/	YEARS/MTHS	TITLE	YEARS/MTHS
<input type="checkbox"/> ACCOUNTING _____		<input type="checkbox"/> BILLING _____		<input type="checkbox"/> MEDIA RELATION _____	
<input type="checkbox"/> BOOKKEEPING _____		<input type="checkbox"/> IC D-9 CODING _____		<input type="checkbox"/> ADVERTISING _____	
<input type="checkbox"/> PAYROLL _____		<input type="checkbox"/> MARKETING _____		<input type="checkbox"/> MANAGEMENT _____	

List All Other Skills You Have That May Be of Value to The Company Such as Programming, Etc.

Computer Skills      ☐ Yes    ☐ No                      ☐ Hardware    ☐ Software                      WPM \_\_\_\_\_

Indicate Short-Term Goal (s) \_\_\_\_\_

Indicate Long-Term Goal (s) \_\_\_\_\_

Describe Your Ideal/Dream Job \_\_\_\_\_

**AREAS OF EXPERIENCE**

AREA	N/A	(√)	YEARS	MONTHS
Home Health				
Hospice				
Personal Assistance Services				
Quality Assurance				
Compliance				
Home Care Rules and Regulations				
Utilization Review				
Administrator/Alternate Administrator				
Director of Nursing/Alternate Director of Nursing				
Other				

**MANAGEMENT EXPERIENCE**

AREA	Rate 1-10 (10 being the best)	Year of Experience or N/A
Employees Management		
Schedules Management		
Travel Arrangement Management		
Weekly Zoom Calls Management		
Payroll Management		
Office Management		
Time Management		
Project Management		
Conflict Management		
Phone Management		
Other		

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I HEREBY CERTIFY that my answers to the foregoing questions are true and complete and that I have not knowingly withheld any facts, circumstances or other information which would, if disclosed, affect my application. I further understand that any false or misleading statement or omission of pertinent information will result in the rejection of my application, or in dismissal if discovered subsequent to my employment.

I HEREBY AFFIRM that by execution of the application, I acknowledge that the Company has disclosed to me that a Criminal History Check, including information as to my character, general reputation, personal characteristics, and mode of living may be made; and that I, upon written request to the Company made within a reasonable time after the date of this application, may obtain a complete and accurate disclosure of the nature and scope of the investigation requested.

I HEREBY AUTHORIZE the Company to request, and I ALSO AUTHORIZE AND REQUEST each former employer, school attended, and each person, firm, or corporation given as references above, to furnish at any time, any information which may be sought concerning me and my work habits, character or skill, and any other data required, whether in connection with this application or for purposes of complying with surety company requirements or otherwise.

I HEREBY AFFIRM that by submitting this application I agree to submit to medical evaluations and/or examinations, including tests for the presence of illegal drugs or alcohol, prior to and during employment, within a time period prescribed by the Company and as often as directed during employment.

I UNDERSTAND that should I be given employment, such employment shall be for an indefinite period of time and may be terminated, at will, at anytime, for any reason, by me or by the Company without notice or without liability whatsoever, except for unpaid wages or salary earned by the date of termination. I further understand that only the Ace Compliance Consulting of the Company has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to this at will standard and that any such agreement must be in writing.

I UNDERSTAND that if I am employed, the terms and conditions of my employment will be governed by this application and the Company's Terms of Employment and Policy and Procedures, as amended from time to time by the Company.

The Company operates under the principles of affording equal employment opportunity through affirmative action for qualified handicapped individuals, qualified veterans of the Vietnam era and qualified disabled veterans.

All applicants and Consultants who believe themselves to be members of one or more of these groups, and who wish to identify themselves as such for the purpose of affirmative action consideration are invited to do so.

Submission of this information is voluntary and refusal to provide it will not subject you to discharge or disciplinary treatment. Information obtained concerning individuals shall be kept confidential, except that (1) supervisors and managers may be informed regarding disabled veterans and handicapped individuals, as necessary, (2) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (3) governmental officials investigating compliance will be informed.

I wish to volunteer the following information (check one) \_\_\_\_\_ I do not qualify

I do qualify under the following:

\_\_\_\_\_ Handicapped  
\_\_\_\_\_ Vietnam Era Veteran  
\_\_\_\_\_ Disabled Veteran

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for completing this application. It will remain under consideration for six months. It will not be necessary for you to reapply during this six month period. Your interest in Ace Compliance Consulting is appreciated.



## REFERENCE VERIFICATION

Applicant Instructions- Please complete requested information below, sign and date to release references.

Applicant Name \_\_\_\_\_

SS# \_\_\_\_\_

Company: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Position Held: \_\_\_\_\_

☐ Salary \$ \_\_\_\_\_ ☐ Hourly \_\_\_\_\_

Reason for Separation \_\_\_\_\_

**Release** –I hereby authorize Ace Compliance Consulting to obtain all information requested below to include but not limited to work habits, attendance, character, etc. as related to my job performance. I release all parties from all liabilities for damages, which may result from furnishing of said information.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_

## EMPLOYER ONLY-(Applicant Do Not complete below)

Current/Previous Employer Instructions-Complete all requested information below and fax to our office as soon as possible.

Position Held: \_\_\_\_\_

☐ Salary \$ \_\_\_\_\_ ☐ Hourly \_\_\_\_\_

Contract/Employment Dates: \_\_\_\_\_

Staff eligible for rehire? Yes \_\_\_\_\_ No\*

Please share why\*? \_\_\_\_\_

Separation due to \_\_\_\_\_

If still employed/Contracted please share experience \_\_\_\_\_

**Please indicate below with a (√)**

Quality of work	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Attitude	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Attendance	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Problem Solver	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Self-Directed	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor

Print \_\_\_\_\_ Signature \_\_\_\_\_

Reference Completed By

Date

**Fax form back to (713) 995-8169**

**Do Not Complete Below this Line**

Method of Verification: ☐ Telephone ☐ Fax ☐ Mail ☐ Other \_\_\_\_\_

Verified By: \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



### REFERENCE CHECK

Applicant Instructions- Please complete requested information below, sign and date to release references.

Applicant Name _____	SS# _____
Company: _____	Employment Dates: _____
Contact Name: _____	Contact Number: _____
Employment Dates: _____	
Position Held: _____	Salary _____
Reason for Separation _____	

**Release** –I hereby authorize Ace compliance Consulting, Inc. to obtain all information requested below to include but not limited to work habits, attendance, character, etc. as related to my job performance. I release all parties from all liabilities for damages, which may result from furnishing of said information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

### EMPLOYER ONLY-(Applicant Do Not complete below)

Current/Previous Employer Instructions- Please complete all requested information below and fax to our office as soon as possible.

Position Held: _____	<input type="checkbox"/> Salary \$_____ <input type="checkbox"/> Hourly _____
Contract/Employment Dates: _____	Staff eligible for rehire? Yes _____ No*
Please share why*? _____	
Separation due to _____	
If still employed/Contracted please share experience _____	

**Please indicate below with a (√)**

Quality of work	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Attitude	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Attendance	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Problem Solver	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor
Achiever/Self-Directed	<input type="checkbox"/> Exceptional	<input type="checkbox"/> Above Average	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Poor

Print \_\_\_\_\_ Signature \_\_\_\_\_

Reference Completed By

\_\_\_\_\_ Date

Fax form back to (713) 995-8169

**Do Not Complete Below this Line**

Method of Verification: ☐ Telephone ☐ Fax ☐ Mail ☐ Other

Verified By: _____	Title _____	Date _____
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