



## **“APPLICATION FOR EMPLOYMENT”**

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please print clearly.

A.C.E. HHC prides itself on being an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry, or place of origin.

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### **SECTION 1**

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

Name: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Are you legally entitled to work in the USA? \_\_\_\_\_

Position (s) applied for: \_\_\_\_\_

Date you are available for employment: \_\_\_\_\_ Wage or salary desired: \_\_\_\_\_

Have you ever worked for A.C.E. before? \_\_\_\_\_ If yes, when? \_\_\_\_\_

### **SECTION 2      EDUCATIONAL BACKGROUND**

A.C.E. has a company policy stating a minimum educational level of grade 12 or equivalent for all positions.

EDUCATIONAL BACKGROUND – relevant to the position applied for.

Highest level of education completed: \_\_\_\_\_

Name of educational institute: \_\_\_\_\_

What machines or equipment have you operated that relate to the position you have applied for? \_\_\_\_\_

Are there any skills, experience, or other qualifications that you feel would assist you in performing the duties of the position you have applied for? \_\_\_\_\_

**SECTION 3****List below your last three employers, starting with the most recent.**

Employer#1 Starting Date: Ending Date:  
Reason for Departure from employment:  
Supervisor's Name: Telephone: ( )  
Position Held:  
Duties:  
May we contact this employer? ( ) Yes ( ) No (If not, state a brief reason):

Employer#2 Starting Date: Ending Date:  
Reason for Departure from employment:  
Supervisor's Name: Telephone: ( )  
Position Held:  
Duties:  
May we contact this employer? ( ) Yes ( ) No (If not, state a brief reason):

Employer#3 Starting Date: Ending Date:  
Reason for Departure from employment:  
Supervisor's Name: Telephone: ( )  
Position Held:  
Duties:  
May we contact this employer? ( ) Yes ( ) No (If not, state a brief reason):

**SECTION 4****Please provide two personal references who are not family members**

Name: Relationship Yrs. Known:  
Phone Number to contact: Cell Number:

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Phone Number to contact: Cell Number:

**SECTION 5            If you are applying for a position that requires driving, please complete this section.**

Do you have a valid drivers license? \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

**Note:** If you are selected to attend orientation, you are required to provide a copy of your auto liability insurance coverage sheet and driver's license. After being hired, a copy of these will be kept in your personnel file and a bi annual update will be required as well as any policy changes in the interim period.

**SECTION 6            False information given or implied on an application form is grounds for immediate dismissal without further notice.**

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if ACE HHC at any time learns of falsification or material omission in the information provided on this application form and related documents. ACE HHC may contact my former employer in connection with the consideration of my employment with them. All references are hereby authorized to release all affiliates, successors, and assigns and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all company policies, rules, procedures, and all other directions pertaining to my employment. I understand that ACE HHC reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

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

**NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT WHO DOES NOT SIGN THE ABOVE STATEMENT.**

**Note:** Additional personal information will be required to complete benefit forms after being hired.

**Thank you for showing an interest in pursuing a career with A.C.E. Home Health Care Services, Inc.**



## **"HOME HEALTH AIDE/CENA SKILLS AND EXPERIENCE CHECKLIST"**

**APPLICANTS NAME:** \_\_\_\_\_

**CENA:** \_\_\_\_\_ **HHA:** \_\_\_\_\_

**SKILLS:** Below please circle (T) indicating only had training, (E) professional experience only or Both indicating you have had both training and experience with the item listed.

Bed, making occupied	T	E	Both	Transfer Techniques	T	E	Both
Hoyer lift transfers	T	E	Both	Ambulation with walker	T	E	Both
Bath, tub, with chair	T	E	Both	Use of Wheelchair	T	E	Both
Bath, shower with chair	T	E	Both	Use of Walker	T	E	Both
Bath, complete bed bath	T	E	Both	Therapeutic Diet	T	E	Both
Shave	T	E	Both	Meal Planning	T	E	Both
Shampoo	T	E	Both	Feeding Patient	T	E	Both
Mouth Care	T	E	Both	Home Management	T	E	Both
Denture Care	T	E	Both	Intake / Output	T	E	Both
Nail Care	T	E	Both	Height / Weight	T	E	Both
Skin Care	T	E	Both	Temperature, Oral	T	E	Both
Skin Care: Perineum	T	E	Both	Temperature, Rectal	T	E	Both
Skin Care: Bony area's	T	E	Both	Temperature, Auxillary	T	E	Both
Ostomy Care	T	E	Both	Pulse	T	E	Both
Enema	T	E	Both	Respirations	T	E	Both
Use of Bedpan	T	E	Both	Blood Pressures	T	E	Both
Use of Urinal	T	E	Both	Observation and Reporting	T	E	Both
Catheter Care	T	E	Both	Charting	T	E	Both
Bowel Programs	T	E	Both	Isolation Techniques	T	E	Both
Range of Motion	T	E	Both	Safety	T	E	Both
Turning and positioning	T	E	Both	CPR	T	E	Both
Anti – Embolism Stockings	T	E	Both	Emergency Procedures	T	E	Both

### **WORK EXPERIENCE**

Home Health Care \_\_\_\_\_

Hospital Area (s) \_\_\_\_\_

Long Term Care \_\_\_\_\_

Rehabilitation \_\_\_\_\_

Public Health \_\_\_\_\_

Other \_\_\_\_\_

### **OTHER SKILLS**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

To the best of my knowledge the above information is true and complete. I understand that any misrepresentation may be sufficient cause for dismissal.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**"Employee Reference Check"**

**(Applicant to complete this section only)**

I \_\_\_\_\_, hereby give my permission to A.C.E. Home Health Care Services, Inc. to verify my past employment history with your company. Please release all information necessary regarding my past employment.

Maiden Name / Names previously used: \_\_\_\_\_

Applicants Social Security Number: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_  
**Applicants Signature**

\_\_\_\_\_  
**Date**

**(This section to be completed by A.C.E. Home Health Care Services Inc. Staff member)**

To: \_\_\_\_\_

Attention: \_\_\_\_\_

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

Phone: \_\_\_\_\_

City: \_\_\_\_\_

Fax: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**The above applicant has applied for a position as a \_\_\_\_\_. He / she states they worked for you from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_**

**Please complete the following and fax back as soon as possible to (231) 937-7246.**

\_\_\_\_\_  
A.C.E. Home Health Care Services Inc. Signature

\_\_\_\_\_  
Date

**(This section to be completed by former employer)**

1. Was the above applicant employed by your company: \_\_\_\_ yes \_\_\_\_ no
2. Dates applicant was employed with your company: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_
3. Applicant's position held: \_\_\_\_\_
4. Applicant's Strengths: \_\_\_\_\_
5. Applicant's Weaknesses: \_\_\_\_\_
6. Is applicant eligible for rehire: \_\_\_\_ yes \_\_\_\_ no

\_\_\_\_\_  
Completed by: Name / Position

\_\_\_\_\_  
Date



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**Date**

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5. Applicant's Weaknesses: \_\_\_\_\_
6. Is applicant eligible for rehire: \_\_\_\_ yes \_\_\_\_ no

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Completed by: Name / Position

\_\_\_\_\_  
Date