



“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.

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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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.



“SKILLS AND EXPERIENCE CHECKLIST RN/LPN”

APPLICANTS NAME: _____

RN: _____ **LPN:** _____

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.

ASSESSMENT SKILLS

Circulatory	T	E	Both	Digestive	T	E	Both
EENT	T	E	Both	Percussion / Postural Drain	T	E	Both
POR - SOAP	T	E	Both	Genito Urinary	T	E	Both
Musculo Skeletal	T	E	Both	Tracheostomy Care	T	E	Both
Neurological	T	E	Both	I. T. Suctioning	T	E	Both
Socio – Economic	T	E	Both	Venipuncture	T	E	Both
Adult Ventilator Experience	T	E	Both	Pediatric Ventilator Experience	T	E	Both

CLINICAL SKILLS

CPR	T	E	Both	CVP Assessment	T	E	Both
Chest Tube	T	E	Both	Ostomy Care	T	E	Both
Dialysis - Peritoneal	T	E	Both	EKG - 12 Lead Assessment	T	E	Both
ECG Monitor	T	E	Both	Hyper Alimentation (TPN)	T	E	Both
I.V. Insertion	T	E	Both	I.V. Maintenance	T	E	Both
N.G. Tube Placement	T	E	Both	N.G. Tube Irrigation	T	E	Both
N.G. Tube Feeding	T	E	Both	Pediatrics	T	E	Both
VAC Dressing Experience	T	E	Both	PICC Lines	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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