



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.

Auntie A.C.E. Staffing, Inc. 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 or 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 Auntie A.C.E. Staffing Inc. before? _____

If yes, when? _____

SECTION 2 EDUCATIONAL BACKGROUND

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 driver's 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 Auntie A.C.E. Staffing, Inc. at any time learns of falsification or material omission in the information provided on this application form and related documents. Auntie A.C.E. Staffing, Inc. 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 Auntie A.C.E. Staffing, Inc. 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 Auntie A.C.E. Staffing, 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



"REFERENCE CHECK"

(Applicant to complete this section only)

I _____, hereby give my permission to Auntie A.C.E. Staffing, 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 Auntie A.C.E. 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.

Auntie A.C.E. Staffing, 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' 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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"Consent for Criminal History Background Check"

As a prospective employee of Auntie of A.C.E. Staffing, Inc., I understand that it is this Agency's policy to secure conviction criminal history information as part of their pre-employment screening process using the information found below.

(PLEASE PRINT)

Complete Name: _____
(First) (Middle) (Last)

Names previously used / Maiden Name: _____

Date of Birth: _____ Race: _____ Sex: ___M ___F

Have you lived in Michigan for more than 3 years? _____ yes _____ no

Do you have any felony charges pending against you? _____ yes _____ no

Have you ever pled guilty or been convicted of a crime? _____ yes _____ no

If yes, please provide explanation:

Are you currently licensed or certified by the state of Michigan in a health care related occupation?

_____ No _____ Yes If yes, what type? RN LPN CENA PT OT ST MSW BSW

License Number: _____ Expiration Date: _____

As a prospective employee, I understand that the above information is required in order for the agency to request that a criminal background check be conducted. I also understand that a criminal background check will only be performed following a good faith offer.

If the agency's representative determines that the actions by a court of law against a prospective employee are such that they indicate the applicant is unsuited to work in the home health care field, the applicant will not be considered for employment.

A report may be made to the Nurse Aide Registry or State Licensing Agency, if deemed appropriate.

I understand the importance of protecting the safety and well being of the home health agency's clients. I understand that conviction of a crime after employment may be deemed cause for dismissal if there is an indication of behavior that might place clients at risk.

A copy of the background check may be obtained within 60 days upon written request of the applicant.

Consent Signature of Applicant

Date