



Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### PROFESSIONAL APPLICATION

All information must be complete. No resume will be accepted without completing this form.

First Name: \_\_\_\_\_ MI: \_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nursing Certifications: \_\_\_\_\_ Desired Hourly Rate of Pay: \_\_\_\_\_

Nursing License Number: \_\_\_\_\_

Date of Last Physical: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Last TB Titer: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you currently employed? YES / NO      May we contact your present employer? YES / NO

Have you been convicted of a felony or misdemeanor within the last five years? YES / NO

If Yes, Describe: \_\_\_\_\_

Work Condition Limitations (NO DOGS, CATS, SMOKING ETC.) \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have any physical limitation that would prevent you from performing any work for which you may be considered? YES / NO

If yes, describe: \_\_\_\_\_

\_\_\_\_\_

What can be done to accommodate your limitations? \_\_\_\_\_

\_\_\_\_\_

List and describe any major illnesses or surgeries you have had during the past five years.

1) Illness / Surgery \_\_\_\_\_

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

Current Status: \_\_\_\_\_

2) Illness / Surgery \_\_\_\_\_

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

Current Status: \_\_\_\_\_

3) Illness / Surgery \_\_\_\_\_

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

Current Status: \_\_\_\_\_

Do you have a history of chemical dependencies? YES / NO

IF YES, Please describe: \_\_\_\_\_

\_\_\_\_\_

### Most Recent Education

School / Facility / Other: \_\_\_\_\_

City / State: \_\_\_\_\_ Years: \_\_\_\_\_

Highest Level Completed: \_\_\_\_\_

## Work History

1) Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2) Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

3) Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Position: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## References

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Years Known: \_\_\_\_\_ Phone: \_\_\_\_\_

**Important: Please read the following carefully.**

**TERMS AND CONDITIONS**

I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment and be cause for my immediate dismissal from employment.

I give Health with Heart (Herein after "TCC") permissible use of any information in this application so that to enable it and its agents to verify the information contained in this application. I authorize present and former employers, educational institution I have attended, credit agencies, all references, and any other persons to answer all questions asked by TCC. TCC may conduct a criminal background investigation and that my employment with Health with Heart may be contingent upon the results of such investigation. I release TCC, its agents, and all affiliated entities, as well as any person or institutions that provides TCC with any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by TCC, I agree to abide by all TCC rules and regulations, which I understand are subject to change by the TCC at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either the company or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of TCC, at any time, can constitute a contract of employment.

In addition, I understand that TCC administrators have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance, or otherwise administer, interpret, or change all policies, procedures, benefits, or other terms and conditions of employment.

I am willing to submit to a physical examination, including analysis for the detection of the use of unlawful drugs or substances in accordance with applicable laws where deemed necessary or mandatory for employment. Should I receive an offer of employment, at the request of TCC and/or its client Companies, I accept that my continued employment may be contingent on the results.

I agree, in consideration of my employment by TCC, that I will not seek nor accept employment, either directly or indirectly in any capacity from any client of TCC to whom I have been assigned, for at least 120 working days after the last day of that assignment. I also agree that I will not solicit any TCC client, employees of TCC Clients or any TCC employee on my behalf or on behalf of any future employer.

I understand that TCC does not provide auto insurance coverage for me and that I am not to transport patients in my automobile, nor am I to drive patients in the patient's automobile without written consent from TCC.

***I have been informed that TCC does not discriminate with respect to hiring, firing, compensation, and all other terms and conditions or privileges of employment on the basis of race, color, national origin, ancestry, sex, sexual preference, age, pregnancy or related medical conditions, marital status, religious creed or disability.***

**If you agree to the above terms and conditions, please sign and date below.**

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Health with Heart, LLC  
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Mason, OH 45040  
Phone: 513-229-8888  
Fax: 513-229-0254**