

A.C.E. Home Health Care Services, Inc.

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 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 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#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#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): _____

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.

RN/LPN SKILLS AND EXPERIENCE CHECKLIST

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

A.C.E. HOME HEALTH CARE

"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. Staffing 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' 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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(Applicant to complete this section only)

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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. Staffing 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 ____ / ____ / ____

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Date

(This section to be completed by former employer)

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6. Is applicant eligible for rehire: ____ yes ____ no

Completed by: Name / Position

Date

A.C.E. HOME HEALTH CARE

"Denial of existence of Criminal History as required by Public Act 28 of 2006"

I have been advised by A.C.E. Home Health Care that it is necessary to conditionally employ, independently contact and/or grant clinical privileges to me prior to receiving all of the results of the state and national criminal history background information required by Public Act 28 of 2006. Accordingly, I make the following representations while this information is obtained and analyzed.

1. I swear under penalty of law that I have not been convicted of a felony or misdemeanor within the applicable time period that makes me ineligible, by law, to work for A.C.E. Home Health Care. I have reviewed the attached list of felonies and misdemeanors prior to making this representation.
2. I am not the subject of an order or disposition under section 16b of Chapter IX of the code of criminal procedure. 1927 PA 175, MCL 769.16(b) relating to finding of not guilty by reason of insanity.
3. I have not been the subject of a substantiated finding of neglect, abuse or misappropriation of property by a state or federal agency pursuant to an investigation arising in a skilled nursing facility and conducted in accordance with 42 USC 1395i-3 or 1396r.
4. I agree that, if the information in the criminal history investigation conducted by A.C.E. Home Health Care does not confirm my statements, my employment, contract or clinical privileges will be terminated unless and until I can prove that the information is incorrect. I further agree that if this results in a period of unemployment, suspension, or leave of absence, it will be without compensation and without fringe benefits.
5. I understand that the conditions set forth in Public Act 28 2006 that result in my termination and agree that these conditions are in fact good cause for termination.
6. I am aware that the provision of false information regarding my identity or criminal history is a crime punishable by fines and/or imprisonment.
7. The Legal Guide is available to me upon my request that list the prohibited offenses as defined in P.A. 27, 28, and 29.

Print Name

Signature

Date

A.C.E. HOME HEALTH CARE SERVICES, INC.

"Consent for Criminal History Background Check"

As a prospective employee of A.C.E. Home Health Care Services 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)

Date of Birth	Place of Birth	Height	Weight	Sex
Hair Color	Eye Color	Race	County Lives in	State Born in

Names previously used / Maiden Name: _____

Driver's License Number: _____ Social Security Number: _____

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

A.C.E. HOME HEALTH CARE SERVICES, INC.
“Conditional Job Offer”

This good faith offer is also conditioned upon A.C.E. Home Health Care's ability to successfully establish eligibility for employment, independent contract or clinical privileges on a timely basis. The eligibility determination is made at the sole discretion of A.C.E. Home Health Care and will be based not only on A.C.E. Home Health Care's policy on good moral character and references but also the information obtained through the mandatory background check and fingerprinting requirements imposed by Public Acts 28 of 2006.

This conditional offer is also conditioned upon the applicant's full cooperation with the production of acceptable personal identification, obtainment of signed releases, consent forms, criminal history records, fingerprints and the obtainment of any other information required by policy and law. Failure to comply fully with all of the requirements within (14) business days will result in the automatic withdrawal of this offer.

Applicants Signature

Date

A.C.E. Staff Signature

Date