

Ultimate Home Healthcare Services, Inc.

Ultimate Too, Inc.

7656 Slate Ridge Blvd
Reynoldsburg, OH 43068
Phone: (614) 868-6970
Fax: (614) 868-6980

Employment Application (An Equal Opportunity Employer)

Date: _____

Name (Last, First): _____ SS#: _____

Address: _____ City: _____ Zip: _____

Home #: _____ Cell #: _____

What position are you applying for?

What special qualifications do you have?

What office machines can you operate?

Are you 18 years or older? Yes No Date of Birth: / / _____

Are you a U.S. citizen or are you an alien authorized to work in the United States? Yes No

Have you been convicted of a felony or a misdemeanor within the last 5 years? Yes No

If yes, please explain:

Education

| School | Dates Attended | Name of School | City | Did you graduate? | Degree Awarded |
|------------|----------------|----------------|------|-------------------|----------------|
| Elementary | | | | | |
| High | | | | | |
| College | | | | | |
| Other | | | | | |

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Job Experience

Have you had at least one year employment experience as a supervised home health aide, or nurse aide?

Yes _____ No _____

If yes, provide the following information:

Name and Address of Company: _____

Date: (Month/ Year) From: _____ To: _____

Describe your job duties: _____

Salary: _____

Reason for Leaving: _____

Has it been 24 months or more since you worked as a supervised home health aide, or nurse aide?

Yes _____ No _____

If yes, reason for the lapse: _____

Other Job Experience

| Name and Address of Company | Date (Mon. /Yr.) | | List Your Duties | Salary | Reason For Leaving |
|-----------------------------|---------------------|----|------------------|--------|-----------------------|
| | From | To | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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Are you available to work? Full Time Part Time Seasonal

What shift(s) are you available to work? Morning Afternoon

What days can you work? Weekdays Weekends

Do you have a car or are you near a bus line? Have a car Near a bus line

Do you need special accommodations? Yes No

Have you lived in the State of Ohio for five or more years? Yes No

I understand and agree that I may be required to take one or more physical examinations, drug tests, and background checks as a condition of employment, I agree to consent to take such tests at such time as designated by the company and to release the company, its directors, officers, agents, or employees from any claim arising in connection with the use of these tests.

Yes _____ No _____

I certify that all the answers on this application are true to the best of my knowledge and understand that falsifying information will result in termination with Ultimate Home Healthcare Services and Ultimate Too, Inc.

Signature: _____

Date: _____

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Availability

Please fill out the hours you are available to work

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

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Employment Applicant Authorization to Release Information

I hereby authorize UHHCS and Ultimate Too Inc, to investigate all references regarding my previous employment history and to secure all job related information about me. I hereby release from liability UHHCS and Ultimate Too Inc. and/ or its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Applicant Signature: _____ Date: _____

Applicant Name PRINTED: _____

Applicant: DO NOT WRITE BELOW THIS LINE

EMPLOYER: Please provide all relevant employment information on the following individual who is applying for a position working with individuals who are elderly, children, and MR/DD. Please note: Pursuant to Ohio Reference Law 4113.71, employers are not liable when they provide truthful information on employee job performance but can be held liable for failing to provide information that results in negligent hire.

Name: _____ SS#: _____

Company Name: _____ Position Held: _____

Hire Date: / / Separation Date: / / Still Employed: YES NO

Eligible for Rehire: YES NO If no, WHY?: _____

Because this individual will be working directly with elderly, children, and MR/DD individuals, it is important for us to know if the applicant was ever disciplined or terminated for any of the following: Theft or Misappropriation, Neglect of Patients/ Residents, Abuse or Suspected Abuse, Failure to Report Suspected Abuse, Illegal Harassment, Discrimination, or Workplace Violence. Please comment below:

Form completed by: _____ Title: _____

Signature:

Date:

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Date:

PERSONAL REFERENCE ONLY: Please provide all relevant employment information on the following individual who is applying for a position working with individuals who are elderly, children, and MR/DD.

Instructions: Read each question in the left boxes and give a rating (✓) in one of the rating boxes corresponding to the applicant.

| Questions | Excellent | Good | Average | Fair |
|--------------|-----------|------|---------|------|
| Character | | | | |
| Professional | | | | |
| Courteous | | | | |
| Punctual | | | | |
| Reliable | | | | |
| Attendance | | | | |
| Cooperation | | | | |
| Initiative | | | | |
| Response | | | | |

Name (please print): _____

Contact Number: _____

Date: _____