

Global Horizon Home Care Application

Today's Date: _____

| Personal Data | | | |
|----------------------|------------|--------|-----|
| Email Address: _____ | | | |
| Last Name | First Name | Middle | SSN |
| Home Address | City | State | Zip |
| Home Phone | Cell Phone | | |

| Emergency Contact Information | | |
|--------------------------------------|----------|----------------------------|
| Name of Emergency Contact | Relation | Emergency Telephone Number |

| Job Information |
|------------------------|
|------------------------|

Position (Job Class) Applying for:

- HMKR/COMP
 PCA
 CAN
 HHA
 Date Available: _____

Work Experience/Skills

Please list the number of years you have experience in each area (min 1 year exp.) and are clinically competent to work:

- | | | | |
|--------------------------------|------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Burn | <input type="checkbox"/> ENT | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Detox/Drug Rehab |
| <input type="checkbox"/> L & D | <input type="checkbox"/> Rehab | <input type="checkbox"/> Telemetry | <input type="checkbox"/> Post Partum |
| <input type="checkbox"/> MICU | <input type="checkbox"/> Nursery | <input type="checkbox"/> Psychiatry | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> NICU | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Stepdown | <input type="checkbox"/> Mother/Baby |
| <input type="checkbox"/> PACU | <input type="checkbox"/> Geriatric | <input type="checkbox"/> Oncology | <input type="checkbox"/> Recovery Room |
| <input type="checkbox"/> SICU | <input type="checkbox"/> Pedi ICU | <input type="checkbox"/> Neurology | <input type="checkbox"/> Operating Room |
| <input type="checkbox"/> CCU | <input type="checkbox"/> Med/Surg | <input type="checkbox"/> Open Heart | <input type="checkbox"/> Emergency Room |
| <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other | <input type="checkbox"/> Other |

| | |
|--|---|
| Language Skills: Other than English, please check any other languages you speak – <input type="checkbox"/> Spanish <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other: _____ | Check the type of assignment you are available for: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract <input type="checkbox"/> Travel |
|--|---|

Global Horizon Home Care Application

Check the days of the week you are available to work:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hrs: _____ Hrs: _____ Hrs: _____ Hrs: _____ Hrs: _____ Hrs: _____ Hrs: _____

State which Holidays you are available to work: _____

| License Type | License/Certification # | State | Expiration Date |
|--------------|-------------------------|-------|-----------------|
| | | | |
| | | | |
| | | | |

Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

| | |
|---|--|
| Company/Client Name | Title: |
| Address | Date Employed From: _____ To: _____ |
| City/State/Zip Country | Telephone # |
| Describe duties: | Pay Rate: Hourly _____ |
| Reason for leaving: | May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why? |
| Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? | |

Global Horizon Home Care Application

| | |
|---|--|
| Company/Client Name | Title: |
| Address | Date Employed |
| City/State/Zip | From: _____ To: _____ |
| Country | Telephone # |
| Describe duties: | Pay Rate: Hourly _____ |
| Reason for leaving: | May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why? |
| Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes - If yes, what name? | |
| Company/Client Name | Title: |
| Address | Date Employed |
| City/State/Zip | From: _____ To: _____ |
| Country | Telephone #: |
| Describe duties: | Pay Rate Hourly _____ |
| Reason for leaving: | May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No – If no, why? |
| Are your employment records listed under another name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, what name? | |

Please list any other work related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

Global Horizon Home Care Application

Additional Information:

1. Are you legally authorized to work in the USA? Yes No
2. Have you ever been convicted of a felony? Yes No
3. Have you ever been employed with us before? Yes No
4. How were you referred to Global Horizon Home Care?
 Newspaper Trade Publication Job Fair/Open House Internet Site
 Company Employee – Name: _____

I understand that I **must** report all accidents/incidents, patient or employee, to my immediate supervisor **and** to Global Horizon Home Care - - No MATTER HOW SLIGHT, as soon as the accident/incident occurs. Yes

I also understand that I must wear all required personal protection equipment (PPE). Yes
The penalty for not wearing PPE is disciplinary action, up to and including termination.

Signature

ACKNOWLEDGMENT (*Please read carefully and sign*)

In signing this application, I certify that 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 may jeopardize my chances for employment and be cause for my immediate dismissal from employment.

I give Global Horizon Home Care permission to use any information in this application to enable it and its agents to verify the information contained in this application. I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by Global Horizon Home Care with regard to any of the subjects covered by this application. I also understand that in connection with my application for employment or my employment, Global Horizon Home Care will conduct a criminal background investigation and that my employment may be contingent on the results of such investigation. I release Global Horizon Home Care, its agents, and all affiliated entities, as well as any person or situation that provides 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 Global Horizon Home Care, I agree to abide by all rules and regulations, which I understand are subject to change 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 Global Horizon Home Care 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 Global Horizon Home Care, at any time, can constitute a contract of employment. No representative or agent of Global Horizon Home Care, has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I understand that Global Horizon Home Care is not involved in the day-to-day supervision or decision concerning patient care or dentistry. This remains with the Professional as part of the Professional's practice. The Professional fully indemnifies Global Horizon Home Care against any and all liability and responsibility associated with his or her professional duties. The Professional maintains his or her license as required by law, professional liability coverage and other responsibilities as found under state prime contract law.

I understand that Global Horizon Home Care is not an employment placement agency. Any employee of Global Horizon Home Care that leaves our company/or reduces their availability so as to care for a client of Global Horizon privately within six months of resigning/reducing availability to care for said client will be charged a \$600.00 liquidated damages fee.

I HAVE READ THE ABOVE CONDITIONS OF EMPLOYMENT, AND FULLY UNDERSTAND AND AGREE TO THEM.

Applicant Signature _____ Date _____

Global Horizon Home Care Application