**Please fill in all fields in this online employment screening form.**

**Hoosier Home Health is an equal opportunity employer.**

 Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Name:

Home Address:

Home Phone:

Cell Phone:

Position Applying For: [ ]CNA [ ]HHA [ ]Clerical [ ]LPN [ ]RN

Previous Types of Facilities that you have worked in (check all that apply):

[ ]Hospital [ ]Hospice [ ]Nursing Home [ ]Rehab [ ]Private Duty [ ]Assisted Living/Residential Treatment

Languages that you speak, other than English:

Availability: [ ]Full Time [ ]Part Time [ ]Contract [ ]Travel

Check all of the days that you are available to work:

[ ]Monday [ ]Tuesday [ ]Wednesday [ ]Thursday [ ]Friday [ ]Saturday [ ]Sunday

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Experience (Please list at least 3 places of employment going back at least 5 years, please explain all gaps in employment):

Employer Name:

Address:

# of beds in unit:

Describe duties and specialty areas:

Pay Rate/Salary:

Reason for leaving:

Dates Employed:

Title:

Dept:

Name of Immediate Supervisor:

Telephone #:

May we Contact? (if not, why):

Supervisory Experience? How Often?:

Did you travel? If so, how often:

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Please list any additional comments here:

**Send your completed application to:****info@hoosierhomehealth.com**