

## Physician's Choice Homecare Application for Employment

**It is this facility's policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age, or disability.**

Applicant Name: \_\_\_\_\_

Present Address

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are You at Least 18 Years Old?

Yes  No

Position Applying For:

Full Time

Part Time Per Visit

Shift:  Day

Night

Part Time

Pool

Evening

W/E

Salary Requirements:

Date Available

If you are not a US Citizen, have you the legal right to remain permanently in the US?

Yes  No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?

Yes  No

Have you been convicted of a crime (excluding misdemeanors and traffic offenses) and/or released from confinement following a conviction for any criminal offense within the past 7 years?  Yes  No If Yes, please give date, place and nature of each such conviction.

Are you presently charged with any violation of the law other than traffic violation?  Yes  No If Yes, give date, place and nature of each such conviction.

### Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type of license, number and state

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability.

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

In case of an emergency notify:

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Number: \_\_\_\_\_

**Work History**

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient

Company Name	Complete Address include City/State/Zip	Phone Number	Supervisor's Name
Date Started  Date Left	Type of Business <input type="checkbox"/> Full Time  <input type="checkbox"/> Part Time  <input type="checkbox"/> Per Visit	Salary	Reason For Leaving
OK to Contact Supervisor  <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe your job title, responsibilities and accomplishments			
Company Name	Complete Address include City/State/Zip	Phone Number	Supervisor's Name
Date Started  Date Left	Type of Business <input type="checkbox"/> Full Time  <input type="checkbox"/> Per Visit  <input type="checkbox"/> Part Time	Salary	Reason For Leaving
OK to Contact Supervisor  <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Date Started  Date Left	Type of Business <input type="checkbox"/> Full Time  <input type="checkbox"/> Part Time  <input type="checkbox"/> Per Visit	Salary	Reason For Leaving
OK to Contact Supervisor  <input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe your job title, responsibilities and accomplishments:			

PERSONAL REFERENCES: (Name, Phone ,Relationship)

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**Please review and sign**

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In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar/Placement Office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant

Signature: \_\_\_\_\_

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

FOR OFFICE USE ONLY	<input type="checkbox"/> Interview(s)	<input type="checkbox"/> References Checked	If Hired:	Position: Salary:	Start Date: FT/PT/Per Visit
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Pre-Employment Interview:

**Reference Request**

**Physician's Choice Homecare**

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

Check method of gathering reference data:  Verbal  Mail

Name of person giving reference: \_\_\_\_\_ Facility: \_\_\_\_\_

The individual named below is applying for a position as \_\_\_\_\_ and has given you as a reference. As we place great importance on the thorough screening of all our applicants, we would appreciate prompt and thoughtful response.

Thank you in advance \_\_\_\_\_  
(Name of Company Representative)

**Applicant Release**

**Applicant** \_\_\_\_\_  
Last First MI Maiden

Position Held \_\_\_\_\_

Social Security # \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_

I hereby release from all liability the company or person completing this form and authorize them to release all information regarding my employment with them. I understand that this information may be released to clients of the requesting company and other requesting third parties on a need to know basis. I also release the requestion company from all liability for any damages from the disclosure of this information.

\_\_\_\_\_  
Applicant Signature Date

1. Please confirm the applicant's employment From \_\_\_\_\_ **To** \_\_\_\_\_  
Date Date

2) Please comment on the applicant's attributes using the following scale:  
**4 = Excellent 3 = Good 2 = Fair 1 = Poor N/A = Not applicable**

Quality of Work: \_\_\_\_\_

Knowledge & Skills \_\_\_\_\_

Reliability & Attendance \_\_\_\_\_

Cooperation \_\_\_\_\_

Competence: \_\_\_\_\_

Supervisory ability & capacity \_\_\_\_\_

Grooming \_: \_\_\_\_\_

3) Please indicate specialty areas in which the applicant has had experience: \_\_\_\_\_

4) Please indicate any special considerations necessary when giving assignments to this individual:

5) Is applicant eligible for rehire?  Yes  No If no, why not? \_\_\_\_\_

**Please attach any additional comments.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Potistion Title

\_\_\_\_\_  
Date

**Reference Request**

**Physician's Choice Homecare**

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Check method of gathering reference data:  Verbal  Mail

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Grooming \_\_\_\_\_

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6) Please indicate any special considerations necessary when giving assignments to this individual:

5) Is applicant eligible for rehire?  Yes  No If no, why not? \_\_\_\_\_

**Please attach any additional comments.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Potistion Title

\_\_\_\_\_  
Date



Physician's Choice Homecare locations services, but is not limited to, the following areas. Please indicate which areas you are willing to travel to by marking the area.

**MESQUITE OFFICE/ ENNIS OFFICE**

Counties: Collin, Dallas, Ellis, Fannin, Henderson, Hopkins, Hunt, Kaufman, Rockwall, Tarrant and Van Zandt

Mesquite

Ennis

Dallas

Richardson

Fort Worth

Plano

Garland

Lancaster

Forney

Other available areas. \_\_\_\_\_

**GREENVILLE OFFICE**

Counties: Hopkins, Rockwall, Hunt, Rains and Van Zandt

Greenville

Rockwall

Terrell

Wills Point

Quinlan

Sulphur Springs

Commerce

Ladonia

Royse City

Other available areas \_\_\_\_\_

I am willing to accept any patient assignments in the areas that I have selected above.

Once you accept a patient assignment, it is your responsibility to ensure that services are rendered to that patient as ordered by physician.

Employee signature \_\_\_\_\_

Date \_\_\_\_\_