



APPLICATION FOR EMPLOYMENT

711 N. 3rd Street Suite 1
Leesburg, FL 34748
Office: 352-315-0050
Fax: 352-315-0059

It is the policy of this facility to provide equal opportunity to persons regardless of race, religion, age, gender, disability, national origin, color, or any other classification in accordance with federal, state and local statutes, regulations and ordinances			Date:		This application will be active for a period of 30 days.			
Applicant Name (Please give complete legal name)		Are you at least 18 years old? <input type="checkbox"/> YES <input type="checkbox"/> NO		Social Security Number		Home Phone & Cell Phone		
Present Address			City		State		Zip Code	
Previous Address (if resided at present address less than 7 years)					E-mail address			
Current open position for which you are applying				Type of Position applying for <input type="checkbox"/> Full time <input type="checkbox"/> Part Time <input type="checkbox"/> PRN <input type="checkbox"/> Any		Shift desired <input type="checkbox"/> Any <input type="checkbox"/> Day <input type="checkbox"/> On Call <input type="checkbox"/> Evening <input type="checkbox"/> Weekend		
Salary Requirement		Are you willing to travel? <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you willing to relocate <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If overtime work is required periodically, does this pose a problem for you? <input type="checkbox"/> YES <input type="checkbox"/> NO			Date available for begin work		Are you legally authorized to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Have you ever worked at this facility or in a facility associated with LCHC? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, what facility?		Are you related to another facility employee? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Name:			
How did you learn about this position? <input type="checkbox"/> Agency <input type="checkbox"/> Job Listing <input type="checkbox"/> Ad <input type="checkbox"/> School <input type="checkbox"/> Internet <input type="checkbox"/> Current Employee <input type="checkbox"/> Other or Name of Employee:								
Are you currently excluded, suspended, debarred or otherwise ineligible to participate in the Federal health care program, or have you been convicted of a criminal offense related to the provision of health care items or services, but not yet been excluded, debarred, or otherwise declared ineligible? <input type="checkbox"/> YES <input type="checkbox"/> NO								
Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list offense, disposition, & date of disposition for each conviction. (Convictions are not an automatic disqualification from employment)								
Do you have a valid driver's license <input type="checkbox"/> YES <input type="checkbox"/> NO		State:		License #:				
Within past five (5) years ticket history:								
Has your license ever been suspended or revoked <input type="checkbox"/> YES <input type="checkbox"/> NO Explain:								
Have you any DUI or DWI convictions: <input type="checkbox"/> YES <input type="checkbox"/> NO Explain:								
E d u c a t i o n H i s t o r y	Type of School	School Name, City & State			Circle Last Year Completed in School			Degree or Certificate Earned
	High School				1 2 3 4 Graduated / GED <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Other				From (Year) To (Year)			
	College				1 2 3 4 Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO			
	College				1 2 3 4 Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Other				From (Year) To (Year)			

Graduate School		1 2 3 4 Graduated <input type="checkbox"/> YES <input type="checkbox"/> NO	
List your current professional licenses, certifications, & registrations you possess		Clerical or other skills you are proficient in <input type="checkbox"/> N/A <input type="checkbox"/> Typing _____ words per minute <input type="checkbox"/> Software _____ <input type="checkbox"/> Business machines and/or equipment you can operate: _____ <input type="checkbox"/> Other: _____	
TYPE	STATE ISSUED	EXPIRATION DATE	NUMBER
Emergency Contact Name: _____ Address: _____ Phone: _____			

Employment History Please provide your most recent 10 years of employment history, even if resume provided. Include periods of unemployment.

Attach additional pages as needed.

Cu rre nt or mo st rec ent	From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties			
Fir st Pre vio us	From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties			
Se co nd Pre vio us	From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties			
Thi rd Pre vio us	From Mo. Yr. To Mo. Yr.	Company	Phone No. ()	Immediate Supervisor
	Salary \$	Address	May we contact them? <input type="checkbox"/> YES <input type="checkbox"/> NO Phone	Name while employed
	Job Title	Other reference with this employer		Reason for leaving
	Nature of Duties			

Professional References (Other than Relatives) Give two references that have comprehensive knowledge of your work.

	Name	Position	Complete Address	Phone: Work/Cell/Home	Years Known
1.					
2.					

<p>Please read carefully and sign in agreement:</p> <ul style="list-style-type: none"> • I certify that the information in this application is true and complete, it may be verified by Lake Centre Home Care 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 Lake Centre Home Care 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 authorize any former employer, medical provider or institution to release information and documentation of my former employment, education, medical or other history which is deemed relevant to my application for employment, and I hereby release all such providers of information and Lake Centre Home Care from any liability in connection therewith. • If employed, I acknowledge and agree that LCHC is the owner of the patient medical records. 	<ul style="list-style-type: none"> • I understand that any offer of employment is conditioned on the satisfactory completion of all relevant aspects of my background check. I acknowledge that any offer of employment is subject to withdrawal at any time. • I understand and agree that any employee handbook which I may receive will not constitute an employment contract, but will be merely a gratuitous statement of facility policies. • I agree to immediately disclose to the Company any debarment, suspension, exclusion or other event that makes me ineligible to participate in any Federal health care program, or receive a government contract. • If employed, I agree to observe any and all policies, practices, and rules of Lake Centre Home Care which may be amended from time to time. Violation of any such policy, practice or rule may subject me to disciplinary sanctions including dismissal. 	<ul style="list-style-type: none"> • I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that the facility may terminate the employment relationship for cause. Cause is defined as a reason for disciplinary action that is not arbitrary, capricious, or illegal, that is based on facts that the employer reasonably believes to be true. Or for economic needs subject to the reasonable judgment of the employer. • I agree at all times during my employment to consistently and satisfactorily meet prevailing license, certification or registration requirements as well as performance, competency and behavior standards and expectations. This includes the Lake Centre Home Care Code of Ethics and Customer Service Standards of Behavior. <p>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 licensure status and my licensure history.</p>
<p>I have read and understand these conditions of employment.</p>		
<p>Applicant's Signature _____</p>	<p>Date _____</p>	

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

BACKGROUND INVESTIGATION QUESTIONNAIRE

NAME _____

First	Full Middle	Last
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ADDRESS: _____

Street	City	State	Zip Code
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SOCIAL SECURITY NUMBER: _____ **PHONE #:** (____) _____

OTHER: (i.e.: maiden name or previously married names) _____

DRIVER LICENSE NUMBER: _____ **STATE:** _____ **Date of Birth** ____/____/____

Mo. Day Yr.

GENDER: **MALE** **FEMALE** **PROFESSIONAL LICENSE NUMBER:** _____

State of Issue

Previous Seven Years of Residential Addresses:

Street	City	State	Years at Residence
Street	City	State	Years at Residence
Street	City	State	Years at Residence
Street	City	State	Years at Residence

AUTHORIZATION AND GENERAL RELEASE

I hereby authorize Lake Centre Home Care (LCHC), all of its subsidiaries and affiliates, and any employee or agent (including Federal Background Services, Inc.) of any of them, to request and receive any information and records concerning me, including but not limited to consumer, criminal record history, driving, employment, military and educational data and reports, from any individuals, corporations, partnerships, associations, institutions, schools, governmental agencies and departments, courts, law enforcement and licensing

agencies, consumer reporting agencies and other entities, including my present and previous employers. I further release and discharge LCHC, all of its subsidiaries and affiliates, and every employee or agent (including Federal Background Services, Inc.) of any of them, and all individuals and personal, business, private or public entities of any kind, from any and all claims and liability arising out of any compliance, or attempted compliance, with such request(s). I also authorize the procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable. I understand that I have the right to make a written request within a reasonable period of time to Lake Centre Home Care, for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided for employment purposes, the above information, and I have carefully read and I understand this authorization. NOTICE: Federal Background Services, Inc. requests your Date of Birth solely for the purpose of verifying certain records that may be produced in connection with Federal Background Services, Inc. background investigation. It is the policy of Lake Centre Home Care to provide equal opportunity to persons regardless of race, religion, age, gender, disability or any other classification in accordance with federal, state and local statutes, regulations and ordinances.

APPLICANT'S SIGNATURE _____ **DATE:** ____/____/____