



Dear Applicant:

Thank you for taking the time to apply for a position with us. We are always looking for good, reliable people to represent Genesis to our clients. Please be sure to answer each section of the application as completely as possible. **Incomplete applications will not be considered.**

Following is information for you to consider as you complete this application. Please read it carefully ***before turning to the next page.***

Job Specifics:

- ◆ All positions are long-term, part-time positions
- ◆ All home health aide positions start at \$7.50 per hour
- ◆ Genesis does not guarantee immediate placement
- ◆ Employment does not begin until the first day you care for one of our clients

Minimum Job Requirements (please read carefully):

- ◆ A complete application (use N/A if any section does not apply to you)
- ◆ At least 6 months of ***verifiable*** experience in home health care or equivalent training
- ◆ A high school diploma or GED equivalent
- ◆ Current CPR certification
- ◆ Current negative TB test
- ◆ Your own reliable vehicle with proof of insurance
- ◆ A working telephone number for contact
- ◆ The ability to pass a criminal background check

If you have any questions before you fill out this application or while you are doing so, please be sure to ask before you turn it in to ensure your application is complete.

Thank you,

Genesis Director of Human Resources

P.O. Box 25036, Lansing, MI 48906-5036
Phone: (517) 908-0700 • Fax: (517) 882-3525
www.geneshomehealthcareproviders.com
email: info@genesishomehealthcareproviders.com

Genesis Home Healthcare Providers

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

Date _____ Social Security Number _____

Name _____ DL/ID # _____ State _____

Home Address _____
Number Street City State Zip Code

Home Telephone Number (____) _____ Alternate Number (____) _____

Referred By: _____

Position Category: HHA CNA RN LPN Administrative Desired Pay \$ _____ per _____

Shift Desired Date Available _____ Are you employed now? Yes No

(Check All That Apply)

Days

Evenings

Weekends

If Yes, may we contact Yes

your present employer? No

Do you have any relatives currently employed by Genesis? No Yes If yes, who are they? _____

Do you have the legal right to work in the United States?

A citizen or national of the United States

A permanent resident

An alien authorized to work until ____/____/____

Are you 18 years of age or older?

Yes No If No, specify age _____

Individual to notify in case of an emergency _____

Relation _____ Phone Number _____

Have you been convicted of a crime, misdemeanor, or felony? _____ If yes, please explain _____

Note: A conviction will not necessarily bar you from employment.

Are you able to perform the essential functions of the job applied for without accommodations or with a

reasonable amount of accommodation? Yes No If No, explain _____

Education Completed

	Name & Location of School	Year of Graduation	Degree/Certification
High School or GED			
College			
HHA or NA Training School, or Any relevant training – correspondence or otherwise.			

Former Employers

(Start with most recent employer; list last four employers)

Dates	Name, Address, & Phone of Employer; include a contact person	Position	Salary	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Professional Knowledge/Experience (Nurses Only)

Category		Years Of Experience	Other (List specifics, i.e. training, orientation)
Pediatric	<input type="checkbox"/>		
IV Therapy	<input type="checkbox"/>		
Psychiatric Nurse	<input type="checkbox"/>		
Home Health Care	<input type="checkbox"/>		
Geriatric Nurse	<input type="checkbox"/>		
Podiatric	<input type="checkbox"/>		
Community Health	<input type="checkbox"/>		
Anesthesia	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

Professional References

Please furnish three references with **complete** address. **Do not list relatives. At least one MUST be a former employer.** The individuals you list should have known you for at least one year

Name	Address (include city, state and zip)	Phone Number	Relationship	Years Known
1.				
2.				
3.				

Applicant Authorization (Please Read Carefully)

"I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be grounds for dismissal or prosecution.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I understand that Genesis Home Healthcare Providers requires a thorough pre-employment background investigation. This investigation is limited to only that information required to determine fitness for employment and may include, but is not limited to: employment history verification, job performance, disciplinary record, financial/credit history, and a criminal background investigation. By affixing my signature to this document, I authorize a pre-employment background investigation and I hereby release and hold harmless any previous employers, Genesis Home Health Care Providers, and its representatives from all liability for any damage that may result from utilization of such information

Signature _____

Date _____

Genesis Home Healthcare Providers

PO Box 25036
Lansing, MI 48909-5036
(517) 908-0700 ph
(517) 882-3525 fax

Genesis Home Healthcare Providers

Applicant Authorization

PLEASE READ BEFORE SIGNING

If you have any questions regarding the following statements, please ask prior to signing.

Genesis Home Health Care Providers does not discriminate in hiring or employment on the basis of race, color, religion, age, disability, veteran status, or status within any group protected by federal, state, or local law. No questions on this application are intended to secure information to be used for any such discriminatory purpose.

This application will be given every consideration, but our receipt of it does not imply that you will be offered employment.

By signing your name below, you authorize investigation of all statements contained herein and the reference and employers listed to give you any and all information concerning your previous employment and any pertinent information they may have, personal or otherwise, and release Genesis Home Health Care Providers from any liability for any damage that may result from the utilization of such information.

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if you are hired or prosecution.

By signing your name below, you understand that nothing contained in the application or in the interview process is intended to create an employment contract between you (the applicant) and Genesis Home Health Care Providers. Should this application result in your employment, you have a right to terminate your employment at any time and for any reason and Genesis Home Healthcare Providers retains a similar right. You further understand that no representative of Genesis Home Healthcare Providers other than {Nursing Supervisor/Administrative Staff} has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personal move or benefit. You further understand this entire statement applies to the period prior to and after you may be employed.

I hereby acknowledge that I have read, understand, and agree to the above statements.

Signature of Applicant

Date

Employment Verification Request

Today's Date _____

I, _____, have applied for work as a _____ at Genesis Home Healthcare Providers, and I request your assistance in verifying my employment with your company. This verification specifically includes my dates of employment, any comments about my performance of my job responsibilities at your company including my experience, my attendance history including punctuality, work ethic including honesty, reasons for termination, interpersonal skills, personal opinions, etc. I hereby authorize any and all representatives of your company to release any information requested by Genesis and hereby additionally release your company and its representatives from any and all liabilities associated with providing or utilizing the information given to Genesis.

I authorize and request that this release to remain in effect and to be considered valid and active for a period of 90 days from today's application date for processing, reassessing and/or gathering purposes and to remain in effect throughout my employment with Genesis, should I become employed with them.

Thank you for your time and attention to providing this information to Genesis. I would further appreciate this information being faxed back to them ASAP or for the information to be provided upon their telephone inquiry.

Applicant Signature _____

Social Security # _____

Fax/Mail Verification

Dates of Employment Verified: _____

Position(s) Held: _____ Reason for Term: _____

Full Time/Part Time Classification Is this employee eligible for rehire? _____

Comments: _____

Company Representative Verifying Info: _____

Position: _____ Date: _____

Genesis Staff: _____ Phone: _____

