

FIRST FINANCIAL
EMPLOYEE LEASING, Inc.

Employment Application

An Equal Opportunity Employer

We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, disability/handicap or marital status.

PERSONAL DATA

Full Name _____
Last First Middle

Present Address: _____ Telephone: _____
Number & Street City State Zip

Former Address: _____ Telephone: _____
Number & Street City State Zip

Type of Work Desired (Describe) _____ Part Time Full Time

Are you 18 years of age or older? Yes No (If under 18, please state your age _____)

Are you on lay-off subject to recall elsewhere? Yes No _____

Date Available for Employment _____ Minimum Salary Requirement \$ _____

Have you made previous application to this organization? Yes No If yes, when? _____

Have you been employed here previously? Yes No If yes, when? _____ Position _____

Have you ever been convicted of, or pled guilty or "no contest" to, a misdemeanor or felony? (do not include minor traffic infractions for which you never appeared in court, offenses which were dismissed or discharged after completion of successful probation, and convictions or pleas which have been deemed sealed or expunged by law)? [] Yes [] No. If Yes, give details concerning the type of crime, the date of the conviction or plea, the penalty imposed, and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

Have you been arrested and charged with any misdemeanor or felony not disclosed above for which you are out on bail or free on your own recognizance pending disposition or trial (again, do not include minor traffic infractions for which no court appearance is necessary)? [] Yes [] No. If Yes, give the date(s) and details of the arrest or charge and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

Have you ever been sued in a civil action with regard to the death of, or personal injury or intentional damage to any person? [] Yes [] No. If Yes, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g., settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred (attach additional sheets if necessary).

NOTE: Answering "Yes" to the two previous questions is not an automatic bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violation, relatedness to the job sought, and evidence of rehabilitation will be taken into account. However, please be advised that a misstatement or omission in answering these questions may be grounds for disciplinary action, including discharge.

Number of Days Absent from Work Last Year _____

Do you have Transportation to Work? Yes No Will you work overtime if asked? Yes No

EDUCATION

Name & Location of School	# of Years Completed	Major	Degree
High School			
Univ./College			
Univ./College			
Military, Business, Trade, Other			

FOR CLIENT USE ONLY - DO NOT RETURN TO FFEL

REFERENCES

Give name, address and telephone number of 3 references that are not related to you and are not previous employers.

- 1. _____
- 2. _____
- 3. _____

WORK HISTORY

Your present or most recent employer: _____

Starting Salary \$ _____	Address: _____ City/State/Zip _____
From Mo. _____ Yr. _____	Supervisor _____ Telephone _____
To Mo. _____ Yr. _____	Title of position held and duties performed:
Ending Salary \$ _____	

What was your reason for leaving?

Previous Employer: _____

Starting Salary \$ _____	Address: _____ City/State/Zip _____
From Mo. _____ Yr. _____	Supervisor _____ Telephone _____
To Mo. _____ Yr. _____	Title of position held and duties performed:
Ending Salary \$ _____	

What was your reason for leaving?

List any other jobs not covered above

Name of Company	Position	Employment Dates	Ending Salary	Reasons for Leaving

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job related skills and qualifications acquired from employment or other experience

PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING BELOW

The facts set forth in my application are true and complete. I authorize the investigation of all statements contained in this application and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information. I understand that false statement, omissions or misleading statements on this application shall be considered sufficient cause for refusal to hire or dismissal and I agree that my employer shall not be held liable in any respect if my employment is terminated because of such omissions or false or misleading states. First Financial Employee Leasing is hereby authorized to investigate my employment history, including the contacting of the employers listed previously.

EMPLOYEE AVAILABILITY FORM

Date: _____

Name: _____ Contact Number: _____

Address: _____

Please indicate your availability by marking an "X" on the day/s you are available and indicating the time/s you are available to work.

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

How many hours are you available to work per week? _____

Please note: All caregivers are expected to be available to work every other weekend. You may not be scheduled for a client shift, but you must have availability.

APPROVED HOME HEALTH PROVIDES SERVICES TO CLIENTS IN THE FOLLOWING LOCATIONS. YOU MUST BE AVAILABLE TO WORK IN ALL THESE LOCATIONS. ARE YOU AVAILABLE TO WORK IN THESE LOCATIONS? YES () NO ()

- North Bradenton
- South Bradenton
- East Bradenton
- West Bradenton
- Ellenton
- Palmetto
- Parish
- North Port
- Sarasota
- Venice

If "NO" please give specific reason/s: _____

EMPLOYEE AFFIDAVIT

I _____ **AGREE TO PROVIDE SERVICES TO CLIENTS THROUGH APPROVED HOME HEALTH IN THE LOCATIONS LISTED ABOVE.**



Helping You Stay at Home.

EMPLOYEE REFERENCE REQUEST

The following individual has made application with our company for employment. Because careful screening is important to our clients at Approved Home Health, we ask that you provide this information as a priority. Your answers are kept confidential. Please fax your reply to (941) 755-6167.

Name of Applicant: _____

Applicant is: _____ Known Personally OR _____ Employed

Applicant was employed by: _____

Dates Employed: _____ to _____

Position Held at your company: _____

Employee Eligible for Re-hire: _____ YES _____ NO

Thank you for your assistance in this matter.

Signature Date

I AGREE TO THE RELEASE OF THIS INFORMATION TO APPROVED HOME HEALTH AS WELL AS MEDICAL RECORDS AND BACKGROUND/FDLE CHECKS.

Please provide copies of:

_____ Level 2 Background Screening Report from FDLE/AHCA

_____ Free from Communicable Certificate

Applicant Signature Date

4148 20th Street West
Bradenton, Florida 34205
941-758-4416
941-755-6167 (FAX)

1751 Mound Street
Sarasota, Florida 34236
941-362-4280
941-921-1182 (FAX)



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