



Life Savior
IN HOME PATIENT CARE

Employment Application

APPLICANT INFORMATION

Full Name: _____ **DOB:** _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: { } _____ **Email:** _____ @ _____

Date Available: _____ **Social Security #:** _____ - _____ - _____ **Desired Salary:** \$ _____

Nursing License Number: _____ **State:** _____ **CNA Certification #:** _____ **State:** _____

Do you possess a valid Driver's License? YES NO **Driver's License Number:** _____ **State Issued:** _____

Desired Position: _____ **Part/Full-Time:** _____ **Shift:** 1st, 2nd, 3rd

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Did someone refer you to this agency? YES NO If yes, who? _____

If no, how were you referred to us? Please explain: _____

Have you ever been convicted of a felony? YES NO Do you have any pending charges? YES NO

If yes, explain: _____

If yes, explain: _____

Existence of a criminal background is not an automatic bar of employment. Consideration will be given to the nature of the cause being sought, specific offenses, your age at the time of the offense, the period of time in which has elapsed since the commission of the offense, and any justifying circumstances. All Arrest Must Be Reported!

EDUCATION

High School: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ City/State: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

PREVIOUS EMPLOYMENT

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

CONFIDENTIAL REFERENCE REQUEST(S)

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Email: _____

TELL ABOUT A LITTLE YOURSELF

Are you comfortable working around pets? Yes No

If no, please explain _____

Do you have any disabilities we need to know about? Yes No

If yes, please explain _____

Have you had your COVID Vaccines? Yes No

If no, please explain _____

Have you had your annual Flu Shot?

If no, please explain _____

Can you work an on-call schedule? Yes No

If yes, please explain _____

Can you work additional hours outside of your normal schedule if required? Yes No

If no, please explain _____

Are you able to lift 50 lbs.? Yes No

If no, please explain _____

Are you able to stand for long periods of time? Yes No

If no, please explain _____

What else should we know about you? _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ **Date:** _____

LIFE SAVIOR IN HOME PATIENT CARE, LLC

Permission for Criminal Background Check And Drug Screen

LIFE SAVIOR IN HOME PATIENT CARE, LLC (LSIHPC) requires a criminal background check to be performed by the South Carolina Law Enforcement Division (SLED), and a negative Drug Screen as a condition for employment for all potential employees. For those potential employees who are considered non-residents of South Carolina must perform a *nation-wide criminal background check* by LSIHPC approved vendor.

I understand that I must obtain a drug screen at an approved laboratory facility designated by LSIHPC during my hiring process. This screen will be done upon hire and is also done randomly throughout the term of my employment with LSIHPC.

NOTE: \$75.00 will be deducted from the employee's first paycheck to cover the cost of the drug screen for the hiring process.

NOTE: The fee will be covered by LSIHPC for the criminal background check. LSIHPC will allow the employee to obtain a copy of the criminal background check at the cost paid by LSIHPC. The criminal background check will not be obtained by any other persons except the employee.

I grant permission to the LSIHPC to conduct a criminal background check on me, the undersigned, through the SLED or a nation-wide background check, whichever applies. I understand that failure to have an acceptable criminal background LSIHPC will not offer employment.

My signature authorizes the LSIHPC to release the results of the background check and drug screen and other related health screenings to contracted facilities.

Full Name (Please Print)

Social Security Number

Signature

Sex

Maiden Name

Race

Date of Birth

Date

CONFIDENTIAL REFERENCE REQUEST

TO: _____

Date: _____

I, _____ have applied for employment with the Life Savior In Home Patient Care, LLC. I hereby release from all liability the company and/or person completing this form, and authorize them to release all information regarding my employment with them.

Employed from: _____ to _____

Position Held: _____

Applicant Signature: _____ SS#: _____ - _____ - _____

LIFE SAVIOR IN HOME PATIENT CARE conducts a complete reference check, prior to hiring, on each applicant for employment. All information we request is confidential. Any statements you wish to make that would help us determine a placement for this applicant may be entered in the space provided below. We appreciate your prompt reply in advance.

Is the above information correct? Yes No

If no, please explain: _____

Please rate the applicant using the following guidelines.

A = Above Average

B = Satisfactory

C = Unsatisfactory

U = Unable to Evaluate

Attendance/Dependability _____

Comment(s): _____

Quality of Work _____

Comment(s): _____

Cooperation/Attitude _____

Comment(s): _____

Job Performance _____

Comment(s): _____

Technical Ability _____

Comment(s): _____

Follow Directions _____

Comment(s): _____

Any Verbal / Written Warnings _____

Comment(s): _____

Effective Use of Time _____

Comment(s): _____

Professionalism _____

Comment(s): _____

Would you Rehire? Yes No If not, Why? _____

Any Additional Comments: _____

Authorized Signature: _____, Title: _____

Contact #: _____, Ext. _____ Company Fax/Email: _____