



Maximum Homecare, LLC

10790 Trailside Ln., Cincinnati, OH 45249

"Partnering with people with diverse abilities to achieve their desired lifestyle."

Employment Application

Please review the following information PRIOR to completing the application form

We appreciate your interest in employment with MHC- Maximum Homecare, LLC and the opportunity to review your qualifications for employment with our agency.

When completing the application form please follow these guidelines to assist us in evaluating each applicant's potential as a future employee of this agency:

1. **PRINT** clearly
2. Answer all questions in this application thoroughly and honestly, with as much detail as possible.
3. If a question does not apply to you, please mark "N/A" (not applicable).
4. If you have a resume, please include it when returning this completed application.

Please carefully read the "EMPLOYMENT UNDERSTANDING" section at the end of this application before signing. **All employees of MHC must be at least 18 years of age.**

After you apply, what happens next?

We will review your application carefully and compare it to the qualifications required for the position you applied for. If we feel your qualifications match the position you applied for, we will contact you to schedule an interview to learn more about your experience and interest. **We do not give out contact information for applicants to "check on the status" of their application since applications are routed to various sources depending upon the position being applied for.**

If you are selected for an interview, applicants may be asked to present additional information such as references from others qualified to assess their work history, professional abilities and general character.

MHC - Maximum Homecare, LLC is an Equal Opportunity Employer and a Drug-Free Workplace. Applicants offered employment must submit to a criminal background check, a driving record abstract check and a drug test. They must also agree to participate in random drug testing once employed.

Again, thank you for your interest in employment with MHC - Maximum Homecare, LLC..

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Date of Application _____

Position(s) Applied For: _____

Referral Source: Other Agency Employee _____ current MHC employee Walk-In
 Advertisement Other _____

PERSONAL INFORMATION

First Name _____ Middle _____ Last _____

Address _____ City _____ ST _____ Zip _____

Phone # _____

Have you worked for us before? No Yes If yes, when? _____

Do you have any relatives employed at Maximum homecare, or are you related to any current Maximum Homecare Board of Trustees members? No Yes If yes, explain: _____

Date available to work _____ Salary Expected _____

Preferred Status: Full-Time Part-Time Substitute Date Available to Work _____

Please explain any scheduling limitations:

Have you ever been convicted of a misdemeanor or felony? No Yes

(Conviction may not necessarily disqualify applicant from employment)

If yes, please explain _____:

Date and Jurisdiction: _____

Are you at least 18 years of age? No Yes

Do you have a valid driver's license? No Yes

Do you have 5 points or less on your driving record? No Yes

If you are not a U.S. Citizen, please write down your visa number, type, and expiration date: _____

WORK HISTORY

Start with your present or last job

Employer: _____ From: _____ To: _____
Address: _____ City _____ State _____ Zip Code _____
Phone: _____ Position: _____ Supervisor's Name: _____
Starting salary: _____ Ending salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ From: _____ To: _____
Address: _____ City _____ State _____ Zip Code _____
Phone: _____ Position: _____ Supervisor's Name: _____
Starting salary: _____ Ending salary: _____
Duties: _____
Reason for Leaving: _____

Employer: _____ From: _____ To: _____
Address: _____ City _____ State _____ Zip Code _____
Phone: _____ Position: _____ Supervisor's Name: _____
Starting salary: _____ Ending salary: _____
Duties: _____
Reason for Leaving: _____

List any employers we may NOT contact: _____

WORK HISTORY

Please list dates and give a brief explanation of any gaps in your employment history.

OTHER SKILLS AND QUALIFICATIONS

List any additional information that relates to your ability to perform the job for which you have applied, such as licenses, professional memberships, hobbies, etc.

EDUCATION

Name of High School: _____
Address: _____
Degree/Major/Diploma: _____

College Name/University: _____
Address of College/Univ: _____
Degree: _____ Major: _____ Certificate: _____
Graduated? E I No Yes Current Student

Other: _____
Address: _____
Degree: _____ Major: _____ Certificate: _____
Graduated? No E I Yes Current Student

PROFESSIONAL REFERENCES

List current or former supervisors, co-workers, teachers, or other professional associates. DO NOT INCLUDE RELATIVES OR FRIENDS.

Name: _____
Address: _____ City _____ State _____ Zip Code _____
Phone Number: _____ Relationship? _____

Name: _____
Address: _____ City _____ State _____ Zip Code _____
Phone Number: _____ Relationship? _____

Name: _____
Address: _____ City _____ State _____ Zip Code _____
Phone Number: _____ Relationship? _____

Please read the "Employment Understanding" on the next page and sign where indicated.

EMPLOYMENT UNDERSTANDING

I understand that MHC – Maximum Homecare follows an employment-at-will policy, in that I or Maximum Homecare may terminate my employment at any time, or for any reason consistent with the applicable state or federal law. I understand that this application is not a contract of employment. I understand that to be employed I must be lawfully authorized to work in the United States and I must show Maximum Homecare documents that will prove this.

I understand that MHC will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools, and firms named herein and on my resume, including my current employer, to provide any information requested about me. I release them from all liability for damage in providing this information.

This release and authorization acknowledges that MHC - Maximum Homecare may now, or at any time while I am employed, conduct a verification of my education, employment history, credit history, and/or motor vehicle records. In addition MHC may contact personal references, require that I provide a urine specimen to be tested for the presence of drugs or alcohol, and receive any criminal history record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in any state, and/or other information as deemed necessary to fulfill the job requirements, Also, if an offer of employment has been made, I authorize review of my worker's compensation claim history.

I certify that all statements herein are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal of employment.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____