

BREAKTHROUGH HEALTHCARE SERVICES

Application for Employment

INSTRUCTIONS: If you need help filing out this application form or for any phase of the employment process, please notify the agency and every reasonable effort will be made to meet your needs in a reasonable amount of time. Please read "Applicant Note" below, print clearly, and complete all pages of this application. Incomplete or illegible applications may not be accepted. If more space is needed to complete any questions, use additional page

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form, are grounds for terminating the application process or, if discovered after employment begins, terminating employment. We are an equal opportunity employer and comply with all Federal, State, and Local Laws. All qualified applicants will receive consideration and will be treated equally throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable laws. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

Date of Application: _____

Name: _____
Last First Middle

_____ / _____ / _____
Date of Birth (MM/DD/YYYY)

_____ / _____ / _____
Social Security Number

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Email Address: _____

GENERAL INFORMATION

Are you permitted to work in the United States on a regular basis (i.e. other than temporary)? Yes No

Where you previously employed by this Agency? Yes No Date: _____

Have you previously applied for work to this Agency? Yes No Date: _____

How did you hear about Breakthrough Healthcare Services? _____

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes No

Are you currently employed? Yes No If so, when can you start? Date: _____



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Type of Employment Seeking: Full-Time Part-Time Temporary Independent Contractor

Position(s) Applying For:

RN CNA PCA Medical Social Worker Speech Therapy Physical Therapy

LPN HHA Med Tech. Occupational Therapy Other (Specify): _____

Preferred Work Schedule: Mornings Afternoon Evenings Nights Weekends

AVAILABILITY: Due to the nature of the business, no guarantee can be made as to the schedule or the number of hours worked.

Please indicate the days of the week as well as the earliest and latest times that you are available for work

| DAYS: | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|-------|--------|--------|---------|-----------|----------|--------|----------|
| FROM: | | | | | | | |
| TO: | | | | | | | |

EMPLOYEE EMERGENCY CONTACT INFORMATION: Person(s) to contact in case of emergency

| NO | NAME | ADDRESS | TELEPHONE | RELATIONSHIP |
|----|------|---------|-----------|--------------|
| 1 | | | | |
| 2 | | | | |

Documents required with this application (All)

Check if attached

- | | |
|---|--------------------------|
| 1. Thoroughly completed employment application | <input type="checkbox"/> |
| 2. Current Professional License (Signed), if any | <input type="checkbox"/> |
| 3. Current CPR card/First Aid (Signed) | <input type="checkbox"/> |
| 4. PPD/Chest X-Ray /Medical | <input type="checkbox"/> |
| 5. Employment Eligibility Verification (Form I-9) | <input type="checkbox"/> |
| 6. Professional and personal reference forms or letter (phone # included) | <input type="checkbox"/> |
| 7. Driver's License/ State Issue ID card (Signed) | <input type="checkbox"/> |
| 8. Copy of Social Security Card (Bring original signed copy to interview) | <input type="checkbox"/> |
| 9. Background Check (a must) | <input type="checkbox"/> |
| 10. Any other information you have for employment | <input type="checkbox"/> |

If you do not have all the documents above, please tell us when it will be available:

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EDUCATION AND TRAINING

| Please list all institutions attended, including but not limited to: courses taken in high school, college, university, apprentice etc. | | | | | |
|---|-----------------------------|-----------------|-----------------|---|-------------------|
| School | Name and Location of School | Course of Study | Years Completed | Did You Graduate? | Diploma or Degree |
| High School | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Community College | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| University | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Trade School | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |

List any machines or equipment for which you are qualified and/or with which you are experienced which are relevant to the job for which you have applied:

*For employment our minimum education requirement is either a GED or High School diploma

| Professional Licensure(s)/Registration(s)/Certification(s) | State | Number (License) | Yr. Received | Date of Expiration |
|--|-------|------------------|--------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

Professional Associations

MEDICAL HISTORY

| MEDICAL HISTORY |
|--|
| <p>What absences due to illness have you had from work for the last two years?</p> <p>_____</p> <p>_____</p> |
| <p>Do you have any illness that will prevent you from performing the duties of the position of which you have applied? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please indicate _____</p> |

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EMPLOYMENT HISTORY

| List your work experience beginning with current or most recent employer | | |
|--|-----------------|---|
| Current or Most Recent Employer | | |
| Time Employed (Mo. & Yr.) From _____ To _____ | Employer's Name | May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Job Title | Address | Full-Time <input type="checkbox"/> |
| Position Responsibilities | | Part-Time <input type="checkbox"/> |
| Supervisor's Name & Title | Phone No. | Starting Wages \$ |
| Reason for Leaving | | Ending Wages \$ |
| Second Most Recent Employer | | |
| Time Employed (Mo. & Yr.) From _____ To _____ | Employer's Name | May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Job Title | Address | Full-Time <input type="checkbox"/> |
| Position Responsibilities | | Part-Time <input type="checkbox"/> |
| Supervisor's Name & Title | Phone No. | Starting Wages \$ |
| Reason for Leaving | | Ending Wages \$ |

| | | |
|--|-----------------|---|
| Third Most Recent Employer | | |
| Time Employed (Mo. & Yr.) From _____ To _____ | Employer's Name | May we Contact? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Job Title | Address | Full-Time <input type="checkbox"/> |
| Position Responsibilities | | Part-Time <input type="checkbox"/> |
| Supervisor's Name & Title | Phone No. | Starting Wages \$ |
| Reason for Leaving | | Ending Wages \$ |

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

PREFERENCES

Please indicate any or all of the counties below in which you are willing to work:

Anne Arundel County Baltimore County Charles County Montgomery County

Prince George's County

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Are you willing to provide service to a client with a pet? Yes No If yes, which ones: Cats Dogs
Are you willing to provide service to a client that smokes? Yes No

SECURITY

Please be sure to complete the attached Live-scan Pre-Registration Application form to do your criminal background check. As a condition of employment all employees must be "Bondable" and "Insurable".

Have you been convicted of patient abuse? Yes No

Have you had any moving traffic violations? Yes No If yes, please describe: _____

Have you been convicted of a felony and/or misdemeanor/or served time Yes No If yes, please describe: _____

| NO | INCIDENT | CITY/STATE | CHARGE |
|----|----------|------------|--------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

REFERENCES (Do not include relatives)

Please complete all four references (two professional and two personal). Your application will not be considered unless four references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all four references, you will be asked to provide additional references.

| Full Name | Phone Number | Best Time of Day to Call | Relationship | # of Years Known |
|-----------|----------------|--------------------------|--------------|------------------|
| | H () W () | AM / PM AM / PM | | |
| | H () W () | AM / PM AM / PM | | |
| | H () W () | AM / PM AM / PM | | |
| | H () W () | AM / PM AM / PM | | |

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE. I HAVE READ, UNDERSTAND, AND BY MY SIGNATURE CONSENT TO THESE STATEMENTS.

Signature: _____ Date: _____

Telephone: (888) 885-8581
Facsimile: (888) 885-8581

BHS
Application for Employment

info@bhscare.com
www.bhscare.com



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REQUEST FOR REFERENCE

To: Name _____ Tel: _____

Address _____

City _____ State _____ Zip _____

Applicant Name: _____

Employment from: _____ to _____ Position/Title _____

Reason for Leaving _____

The above-named applicant has applied for a position at Breakthrough Healthcare Services, and has given your name as a previous or current employer. Please complete this reference request and submit it to us. Thank you for your prompt reply.

I _____ authorized and request my former/current employer, person given as a reference to answer all questions asked, and give all information requested concerning my work performance, character, and job-related skills.

| FOR OFFICE USE ONLY | | | | | |
|--|------------------|----------------------|----------------|--|------------------------------------|
| | <i>Excellent</i> | <i>Above Average</i> | <i>Average</i> | | <i>Unsatisfactory</i> (comment) |
| <i>Quality of work</i> | | | | | |
| <i>Time and attendance</i> | | | | | |
| <i>Initiative/motivation</i> | | | | | |
| <i>Relationship with coworker/supervisor</i> | | | | | |
| <i>Job knowledge</i> | | | | | |

Would you rehire this person? Yes No If no, why? _____

Other Comments: _____

Supervisor's Name and Signature: _____ Date: _____