



TLC Home Health of Ohio Inc.
Equal Opportunity Employer

- Ashland Crestline
 Ontario Norwalk
 Sandusky Sheffield

- Administrative Services
 Home Health of Ohio Inc.

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: HHA STNA Other Full-time
 LPN RN Part-time

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? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____
 Do you have any physical limitations that prevent you from performing the required job duties?
 YES NO

If yes, explain: _____

Education

High School: _____ Address: _____

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

College: _____ Address: _____

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

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

Company: _____ Phone: _____

Address: _____ Supervisor: _____

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

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

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

General Information

Special Courses or Training: _____

Referred By: Friend Walk- In Advertisement Other
 Current Employee Name: _____

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. In the event of my employment by TLC, I understand that my employment is at will and is subject to being terminated at any time for any reason and also that I may sever my employment with TLC at any time for any reason.
The policy of TLC is to provide equal opportunity to all employees and applicants for employment. Decisions concerning employment transfer and promotions are all made upon the basis of the best qualified candidate without regard to color, race, religion, national origin, age handicapped status or status as a disabled Vietnam ere veteran.*

Signature: _____ Date: _____

Click Submit to E-mail Application. OR please save and e-mail pdf to: hr@tlcmedstaffing.com

DO NOT SIGN BELOW THIS LINE

Interviewed By: _____ Date: _____

Remarks:

Hired: _____ Position: _____

Terminated: _____ Reason Terminated: _____