

**EASTER SEALS NORTHERN OHIO  
HOME HEALTH AIDE APPLICATION/  
REHABILITATION AIDE**

Name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Social Security #: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**PRIOR EMPLOYMENT AND WORK REFERENCES**

Are you working now? **Y N** Can we contact your current employer? **Y N**

Please list your previous employment starting with current or most recent employer:

1) Name of current/last employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Phone # \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

2) Name of Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Phone # \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

3) Name of Employer: \_\_\_\_\_ Position Held: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ to \_\_\_\_\_ Phone # \_\_\_\_\_ Ending Pay: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**EDUCATIONAL ACHIEVEMENTS**

	High School/GED	College / University	Other/Vocational
School Name:			
Years Completed:	9 10 11 12	1 2 3 4	1 2 3 4
Describe specialized training, trade, apprenticeship skills:			

Describe any previous volunteer, personal, or job-related experience that might help you become a better Home Health Aide/Habilitation Specialist:

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Have you ever been convicted of a crime? Y N If “yes” please explain:

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Have you resided in the State of Ohio continuously during the previous five (5) years? Y N

Do you have a current, valid Driver’s License? Y N

What form of reliable transportation do you rely upon to get to work? \_\_\_\_\_

Do you currently carry Insurance on your vehicle? Y N *(Proof of Driver’s License and Insurance will be required upon hire)*

Are you currently trained in First Aide and/or CPR? Y N

STNA –State Tested Nursing Assistant Certification Number: \_\_\_\_\_

Are you a part of your Local County Board of MR/DD, Board Member, former Board Member, employee, former employee, or a member of the family of a Board Member, former Board Member, employee or former employee?  
 Yes \_\_\_\_\_ No \_\_\_\_\_

**PERSONAL REFERENCES**

Give name, address and telephone numbers of three (3) references that are not related to you and are not previous employers. Address is needed to be complete with city, state, and zip code.

NAME	ADDRESS	CITY/STATE/ZIP	TELEPHONE

**FOREIGN LANGUAGE**

Indicate what foreign languages you:

SPEAK	READ	WRITE

## Easter Seals Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Alternate \_\_\_\_\_

### TIME AVAILABILITY

	<u>8:00 am to 5:00 pm</u>	<u>5:00 pm to 12:00 am</u>
<b>Monday</b>	_____	_____
<b>Tuesday</b>	_____	_____
<b>Wednesday</b>	_____	_____
<b>Thursday</b>	_____	_____
<b>Friday</b>	_____	_____
<b>Saturday</b>	_____	_____
<b>Sunday</b>	_____	_____

Are you available for overnight cases?      Yes \_\_\_\_\_      No \_\_\_\_\_

Preferences: \_\_\_\_\_

Are you a smoker:      Yes \_\_\_\_\_      No \_\_\_\_\_

Weight limit for lifting (if physician regulated); \_\_\_\_\_

Allergies (Including medications and/or pets, etc) \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT AT WILL**

All employment with the Easter Seals is employment at will. Easter Seals or the employee is free, at any time, to terminate the employment relationship for any reason (except a reason prescribed by any equal employment law or regulation) or for no reason at all.

**EQUAL OPPORTUNITY EMPLOYER**

It is the policy of Easter Seals to affirmatively implement equal opportunity to all qualified applicants and existing employees without regard to race, religion, color, national origin, gender, age, disability, genetic information, marital status, sexual orientation, status as a veteran, or on any other basis which would be in violation of any other ordinance or law applicable to our organization. All personnel action-recruitment, selection, hiring, training, transfer, promotion, termination, compensation and benefits – conform to this basic policy so as to further the principle of equal employment opportunity.

All of the information I have included in this application is true and accurate. The Easter Seals has my permission to verify any or all of this information as they may find it necessary to do.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EASTER SEALS NORTHERN OHIO

### HOMECARE CHECKLIST (Complete all that apply to your experience)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Description	Regularly	Occasional	Never
<b>LIGHT HOUSEKEEPING</b>			
Dusting			
Cleaning the home			
Dishwashing			
Trash Compactor Usage			
Bed-Making while occupied			
<b>MEALS</b>			
Safe food-storage			
Meal Planning			
Feeding clients			
Low Cholesterol Diets			
Low fat diets			
Diabetic Diets			
Restricted Diets			
Microwave Usage			
Gas stove usage			
Electric stove usage			
<b>ADL's</b>			
Tooth brushing			
Denture care			
Oral Hygiene			
Shaving			
Shampooing			
Assist in bathing			
Bed bath			
Dressing			
Assist in walking			
Foot Care			
Nail Care			
Back Rubs			
<b>Medical</b>			
Wheelchair usage			
Hoyer Lift			
Understanding body mechanics			
Positioning bed-ridden clients			
Assist with colostomy bag			
Assist with Foley catheter			
Seizure disorder			
Obtaining temperature			
Taking a pulse			
Counting respirations			
Maintaining client privacy			
Pressure sore prevention			
Infection control procedures			
MR/DD clients			

**EASTER SEALS NORTHERN OHIO**

**AUTHORIZATION TO RELEASE INFORMATION**

**Applicant Name:** \_\_\_\_\_

**It is my understanding that the Easter Seals Northern Ohio will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interview. I authorize such investigation and the giving and receiving of any information requested by Easter Seals Northern Ohio and I release from liability any person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.**

**I also understand that this release will expire and become null and void ninety (90) days after the date that is shown hereon.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_