



# OMNICARE HOME HEALTH, INC.

13242 S RT 59 STE 202 PLAINFIELD ILLINOIS 60585

PHONE: (630) 972-0668 FAX: (630) 972-0669 EMAIL: [OMNICARE06@GMAIL.COM](mailto:OMNICARE06@GMAIL.COM)

**PLEASE PRINT ALL  
INFORMATION REQUESTED  
EXCEPT SIGNATURE**

## APPLICATION FOR EMPLOYMENT APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

**PLEASE COMPLETE PAGES 1-5.**

DATE: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_  
Last First Middle Maiden

Present Address: \_\_\_\_\_  
Number Street City State Zip

How long at present address: \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Home Tel. No. \_\_\_\_\_ E-mail address: \_\_\_\_\_

Cell Phone No. \_\_\_\_\_

If under 18, please list age \_\_\_\_\_ Days/hours available to work

Position applied for (1) \_\_\_\_\_ No Pref \_\_\_\_\_ Thurs \_\_\_\_\_

And salary desired (2) \_\_\_\_\_ Mon \_\_\_\_\_ Fri \_\_\_\_\_

(Be specific) Tues \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART TIME

When available for work? \_\_\_\_\_

| TYPE OF SCHOOL       | NAME OF SCHOOL | LOCATION<br>(Complete Mailing<br>Address) | Number of<br>Years<br>Completed | Major & Degree |
|----------------------|----------------|---|---------------------------------|----------------|
| High School          |                |   |                                 |                |
| College              |                |   |                                 |                |
| Bus. or Trade School |                |   |                                 |                |
| Professional School  |                |   |                                 |                |

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  NO  YES

If yes, explain number of conviction(s), nature of offense (s) leading to conviction (s), how recently such offense (s) was/were committed, sentence (s) imposed, and type(s) of rehabilitation.

\_\_\_\_\_  
\_\_\_\_\_



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## APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

Driver's License  
 Number \_\_\_\_\_ State of Issue \_\_\_\_\_  Operator  Commercial (CDL)  Chauffer  
 Expiration date \_\_\_\_\_

Have you had any accidents during the past three years? How many? \_\_\_\_\_  
 Have you had any moving violations during the past three years? How many? \_\_\_\_\_

**OFFICE ONLY**

Typing \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ WPM 10-key \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Word \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ WPM

Personal \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ PC \_\_\_\_\_ Mac \_\_\_\_\_ Other Skills \_\_\_\_\_

## CERTIFICATIONS/LICENSES

| STATE LICENSE/CERTIFICATE OBTAIN | CERTIFICATE/LICENSE # | EXPIRATION DATE |
|----------------------------------|-----------------------|-----------------|
| _____                            | _____                 | _____           |
| _____                            | _____                 | _____           |
| _____                            | _____                 | _____           |
| _____                            | _____                 | _____           |
| _____                            | _____                 | _____           |
| _____                            | _____                 | _____           |
| _____                            | _____                 | _____           |



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**WORK EXPERIENCE** Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone Number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

|  |                         |                  |                |
|--|-------------------------|------------------|----------------|
| Name of employer<br>Address<br>City, State, Zip Code<br>Phone Number | Name of last supervisor | Employment dates | Pay or salary  |
|  |                         | From<br>To       | Start<br>Final |
|  | Your last job title     |                  |                |

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

May we contact your present employer?  Yes  No  
Did you complete this application yourself?  Yes  No  
If not, who did? \_\_\_\_\_



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## APPLICATION FOR EMPLOYMENT

|   |                              |                             |
|---|------------------------------|-----------------------------|
| <input type="checkbox"/> MILITARY           |                              |                             |
| HAVE YOU EVER BEEN IN THE ARMED FORCES?     | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Specialty _____                             | Date Entered _____           | Discharge Date _____        |

**REFERENCES** GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

| NAME | ADDRESS | BUSINESS | YRS. KNOWN |
|------|---------|----------|------------|
|      |         |          |            |
|      |         |          |            |
|      |         |          |            |

### AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

INTERVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

### REMARKS

|  |
|--|
|  |
|  |
|  |
|  |
|  |

|             |           |           |             |              |
|-------------|-----------|-----------|-------------|--------------|
| NEATNESS    |           | CHARACTER |             |              |
| PERSONALITY |           | ABILITY   |             |              |
| HIRED       | FOR DEPT. | POSITION  | WILL REPORT | SALARY WAGES |

APPROVED: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
                    EMPLOYMENT MANAGER                      DEPARTMENT HEAD                      GENERAL MANAGER



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## PLEASE READ CAREFULLY

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### APPLICATION FORM WAIVER

In exchange for the consideration of my job application by \_\_\_\_\_ (hereinafter called "OmniCare Home Health, Inc."), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of \_\_\_\_\_, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/ General Manager of OmniCare Home Health, Inc. Both the undersigned and \_\_\_\_\_ may end the employment relationship at any time, without specified notice or reason. If employed, I understand that OmniCare Home Health, Inc. may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give OmniCare Home Health, Inc. permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release OmniCare Home Health, Inc. from any liability as a result of such contract.

I also understand that (1) OmniCare Home Health, Inc. has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, OmniCare Home Health, Inc. may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with OmniCare Home Health, Inc. shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with OmniCare Home Health, Inc. is terminable at will for any reason by either party.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

OmniCare Home Health, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with OmniCare Home Health, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.