

**APPLICANT'S STATEMENT**

I understand that this company is committed to providing equal opportunity employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, disability, or any other category protected by law.

In making this application for employment. I understand the agency may investigate my driving record, and my criminal history record, as may be required by State and Federal regulations. This inquiry includes information regarding my character, general reputation, personal characteristics, and mode of living. I understand that I have a right to make a written request within a reasonable period of time to receive the additional information covered by the nature and scope of this investigation. **The applicant will be responsible for the OSBI fee of \$15.00, and will be deducted from the first paycheck received.**

I authorize former and present employers, work, and personal references listed in the application, and any other individuals I may name, to give the agency any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the agency.

I understand that the agency reserves the right, to the extent permitted by law, to require a medical examination including, but not limited to, any drug screening test, blood test, or other procedure, of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such test or examination. I consent to the release of the results of any such test or examination to the agency.

I understand that this employment application and any other agency documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for 180 days from the date of my hiring. I further understand that, if I am employed, I can terminate my employment with or without cause, at any time, and that the agency has a similar right to terminate my employment with or without notice. I understand that no manager or representative of the agency 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, except the Owners may do so in writing.

The information given to me in this application is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the exclusive judgment of the agency) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

This application will be considered active for a period of six months. If you wish to be considered for employment after that time, you must reapply. Do not sign until you have read and understand this statement.

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

Please include a copy of your resume, if available.

|                                     |  |
|-------------------------------------|--|
| <b>APPLICATION FOR EMPLOYMENT</b>   |  |
| (FOR HUMAN RESOURCE DEPT. USE ONLY) |  |
| DO NOT WRITE BELOW THIS LINE        |  |
| INTERVIEWED BY: _____               |  |
| REMARKS: _____                      |  |
| NEATNESS: _____ ABILITY: _____      |  |
| HIRED YES NO                        | POSITION DEPT. DATE                                    |
| HIRED _____                         |  |
| SALARY/WAGE: _____                  | DATE REPORTING TO WORK: _____                          |
| APPROVAL:                           |  |
| 1. _____                            | 2. _____   |
| _____                               | 3. _____   |
| _____                               | EMPLOYMENT MANAGER PROGRAM COORDINATOR GENERAL MANAGER |
| <b>REFERENCE CHECK</b>              |  |
| Person Contacted: _____             | Results: _____   |
| _____                               | _____  |
| Person Contacted: _____             | Results: _____   |
| _____                               | _____  |



# Magna Home Health Care, Inc.

**Providing Quality Professional Health Care...Bringing Comfort into "the Home"**

4271 West Albany Street Broken Arrow, Oklahoma 74012

918-459-5073 Fax: 918-459-5075

Visit us at Magnaok.com

Email: healthcare@magnaok.com

## Application for Employment

**Magna Home Health Care, Inc.** is an equal opportunity employer.

Employment decisions are based strictly on qualifications without regard to race, color, age, sex, religion, national origin, disability, marital status or any other basis prohibited by law. We comply with our legal obligations to provide reasonable accommodation to qualified disabled applicants. All information provided herein will be kept confidential. All applicants offered a job at Magna Home Health Care, Inc. are required to take a pre-employment health examination, which includes a drug screen.

|   |  |
|---|--|
| <b>Magna Home Health Care</b>   |  |
| <b>Employee Pre-Employment Checklist</b>  |  |
| <b>Six sections in blue hanging folder labeled with employee name: last name, first name, middle initial, employee number, hire date.</b>   |  |
| <p><b>Section 1:</b></p> <p>___ Application for Employment</p> <p>___ Resume (if Applicable)</p> <p>___ 1st Interview ___ 2nd Interview</p> <p>___ Reference forms Sent ___ Received ___</p> <p>___ OSBI request</p> <p>___ OSBI background check</p> <p>___ CWSR request</p> <p>___ CWSR statement</p> <p>___ W-4</p> <p>___ I-9</p> <p>___ 2 forms of ID to include a copy of Driver's License</p> <p>___ Copy of automobile insurance verification</p> <p>___ Consent to release information</p> | <p><b>Section 2:</b></p> <p>___ Misc. address changes, Time-off requests, payroll changes, Personnel action form</p> <p><b>Section 3:</b></p> <p>___ Evaluations/Counseling Reports, Termination Summaries</p> <p><b>Section 4:</b></p> <p>___ Medical-Worker's Comp., HEP B info., TB info., benefits info.</p> <p><b>Section 5:</b></p> <p>___ In-house Training,- Customer-specific in-services, staff meetings, employee orientation</p> <p><b>Section 6:</b></p> <p>___ Training Certificates</p> |

Please fill out completely.

**PERSONAL**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Alt. Telephone Number: (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone # \_\_\_\_\_  
(person not living with you)

Have you ever applied for employment with **Magna Home Health Care**?  Yes  No If yes, Mo./Yr. \_\_\_\_\_

How many hours a week are you available for work? \_\_\_\_\_ Minimum \_\_\_\_\_ Maximum \_\_\_\_\_  
{ } Full Time { } Part Time { } Per Diem { } Temporary

If part time is desired, specify days and hours: \_\_\_\_\_

When will you be available for work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

How did you learn of our organization?  Advertisement  Employee  Other

Do you have any family employed by us?  Yes  No If yes, who: \_\_\_\_\_

Are you willing to work  Days?  Evenings?  Overnights?  Weekends?

Position applying for:  RN  LPN  Other \_\_\_\_\_  
 Therapist (Specify) \_\_\_\_\_

**EDUCATION**

| <i>School Name</i>       | <i>Location of School</i> | <i>Course of Study</i> | <i>Years Completed</i> | <i>Degree/Diploma</i> |
|--------------------------|---------------------------|------------------------|------------------------|-----------------------|
| <i>College:</i>          |                           |                        |                        |                       |
| _____                    | _____                     | _____                  | _____                  | _____                 |
| <i>Vo-Tech or Trade:</i> |                           |                        |                        |                       |
| _____                    | _____                     | _____                  | _____                  | _____                 |
| <i>High School:</i>      |                           |                        |                        |                       |
| _____                    | _____                     | _____                  | _____                  | _____                 |
| <i>Military/Other:</i>   |                           |                        |                        |                       |
| _____                    | _____                     | _____                  | _____                  | _____                 |

*Credentials/Specialized Skills & Qualifications/Equipment Operated*

**EMPLOYMENT**

-List your **last 3 employers**, starting with your current job, and working backwards.

1. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Job Title and describe your work: \_\_\_\_\_ Starting Pay: \_\_\_\_\_  
 \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Job Title and describe your work: \_\_\_\_\_ Starting Pay: \_\_\_\_\_  
 \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_  
 Name of Supervisor: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Job Title and describe your work: \_\_\_\_\_ Starting Pay: \_\_\_\_\_  
 \_\_\_\_\_ Ending Pay: \_\_\_\_\_  
 Reason for Leaving: \_\_\_\_\_

Was your last name different from your present one during the above listed jobs?  Yes  No

If yes, what was your name? \_\_\_\_\_ Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No If Yes, When? \_\_\_\_\_

Do you have reliable transportation, if required?  Yes  No

**PROFESSIONAL REFERENCES**

-Persons who can furnish information about job performance. The names and addresses must be filled out.

1. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_

**GENERAL**

Have you been convicted of a crime, including misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court?  Yes  No

If yes, describe in full:

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

NAME: \_\_\_\_\_  
POSITION: \_\_\_\_\_

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