



1006 WEST MILL STREET, SUITE B
 Middletown, IN 47356
 765-354-9009 * 866-906-7444 * 765-354-9090 Fax
APPLICATION FOR EMPLOYMENT

ISHHA policy requires that employment, training and development, compensation, promotion and all other conditions of employment be provided without unlawful discrimination on the basis of race, creed, color, age, handicap, disability, citizenship, national or ethnic origin or any other basis as prohibited by law.

Please Print:

Last Name	
First Name	
Middle Initial	
Other Names you have used Or Aliases	
Address, City, State, Zip	
Home Phone	
Alternate Phone and/or Cell	
Social Security Number	

What position are you applying for? _____

Are you legally eligible to work in the USA? ___Yes ___No

If you are under 18 years of age, can you provide ___Yes ___No ___N/A
 proof of your eligibility to work?

Have you ever been employed at **(ISHHA)** _____? ___Yes ___No
 If so, date(s) _____

What is your availability? Circle: Full time Part Time Temporary PRN

What date would you be available to begin work? _____

After reviewing the position job description, are you able to ___Yes ___No
 perform the essential functions of the position that you are
 applying for, either with or without accommodation?

If you can perform them only with accommodation, how would you perform those tasks and with
 what would you perform those tasks and with accommodation(s):

How were you referred to our Agency? _____



1006 WEST MILL STREET, SUITE B
Middletown, IN 47356

765-354-9009 * 866-906-7444 * 765-354-9090 Fax

List the Counties and States you have lived in the last 3 years _____

If applying for a position that requires travel, do you have access to dependable transportation with auto insurance and a valid motor vehicle operator's license? Yes No

What wage/salary range are you requesting for this position? _____

Have you ever been convicted of a crime, felony, Misdemeanor or excluded from participation in any federal health care program? Yes No

If yes, list the offense: _____

Dates when it happened: _____ State _____ County _____

Disposition: _____ Copy of letter or documentation _____

In consideration for employment, ISHHA is required by state law to obtain a copy of your criminal history. Except as required by state law, a conviction record will not necessarily be a bar to employment and factors such as age, time of the offense, the seriousness/nature of the violation and subsequent rehabilitation will be taken into account.

Education

Name & Location	Years completed	Did you graduate?	Degree(s) obtained and/or major
High School attended			
College (undergrad & grad)			
Other			

List any special skills, certifications or other credentials that would qualify you to work for our organization: _____

Professional Licensure/Certification

Type (RN, LPN, PT, PTA, OT, OTA, ST, RD)	License Number	Expiration Date	State
Certification (HCA, CAN, Medical Assistant, etc.)	License Number	Expiration Date	State
Other (MSW, BSW, Chaplain, etc.)	License Number	Expiration Date	State

Have you ever had disciplinary action taken against professional licensure and/or certification? Yes No

If yes, please explain: _____

Do you belong to professional, trade, business or civic associations that would be job related? Yes No
If yes, list: _____



1006 WEST MILL STREET, SUITE B
 Middletown, IN 47356
 765-354-9009 * 866-906-7444 * 765-354-9090 Fax

Personal References. Please do not include people who are related to you.

Name	Address	Association	Years known	Phone

Employment History. Please list your employers, starting with the most recent to the least recent. Include job related military experience.

Employer	Supervisor	From Mo/Year	To Mo/Year	Reason for leaving

Telephone: _____ Your Job Title: _____
 Address: _____
 Job Responsibilities: _____
 Wage/Salary _____ May we contact this employer? YES NO

Employer	Supervisor	From Mo/Year	To Mo/Year	Reason for leaving

Telephone: _____ Your Job Title: _____
 Address: _____
 Job Responsibilities: _____
 Wage/Salary _____ May we contact this employer? YES NO

Employer	Supervisor	From Mo/Year	To Mo/Year	Reason for leaving

Telephone: _____ Your Job Title: _____
 Address: _____
 Job Responsibilities: _____
 Wage/Salary _____ May we contact this employer? YES NO

Employer	Supervisor	From Mo/Year	To Mo/Year	Reason for leaving

Telephone: _____ Your Job Title: _____
 Address: _____
 Job Responsibilities: _____
 Wage/Salary _____ May we contact this employer? YES NO



1006 WEST MILL STREET, SUITE B
Middletown, IN 47356

765-354-9009 * 866-906-7444 * 765-354-9090 Fax

Do you have friends or relatives, such as a spouse, child, parent, brother, sister, parent-in-law, brother-in-law, sister-in-law, grandparent, grandchild who currently work for this organization?
 Yes No

Have you been convicted of or have you pleaded guilty to any moving violations within the past twelve (12) months? Yes No If yes, please explain: _____

*If more pages are needed for information, please use additional sheets as needed.

Please read the next page and sign at the bottom of the application:

I agree that I have been informed of the requirement of the work for which I am applying, and that the information on this application and corresponding attachments, if any, are correct and complete to the best of my knowledge and agree that falsified information or significant omissions may disqualify me from further consideration for employment and may result in immediate termination of employment if discovered at a later date.

I understand and acknowledge that my employment is "at-will" and that employment is by mutual agreement of **ISHHA** and myself and I may resign at any time and **ISHHA** may terminate my employment at any time, with or without cause for any reason.

I understand that if offered employment, that **ISHHA**, will make or cause an agency on its behalf to make inquiries, including, but not limited to, criminal history, public records, experience, or other qualifications of employment, including reasons for termination of past employment. I agree that my authorization releases **ISHHA** and its agent from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provided to us the above-mentioned information as requested, in order to successfully complete a background investigation.

I understand that if I am offered employment by **ISHHA**, a post-medical examination is required and my employment is conditional on the satisfactory outcome of that medical examination. I also understand that if I am offered employment by **ISHHA**, I must provide all the required information requested in order to be considered for employment. I also understand that **ISHHA** will make reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless the accommodation would cause an undue hardship on the operation of **ISHHA** or the individual would pose a direct threat to the health or safety of himself/herself or of others that cannot be eliminated or reduced below the level of a direct threat by reasonable accommodation which does not cause undue hardship to **ISHHA**.

I agree to take a drug and alcohol test if I have a worker's comp injury while your employee. I agree, if employed by you, that if I ever make claims against you for personal injuries, upon your request, I shall submit to examinations by physicians of your selection. I will hold **ISHHA** harmless from any claims, including, but not limited to, personal injury or illness as a result of my providing false or misleading information on this application.

I understand that this is an Application for Employment only and that I have not been offered employment by **ISHHA**.

I authorize persons, schools, previous employer(s) and organizations named in this application (and any accompanying attachments, if any) to provide any relevant information to **ISHHA** that may be required to arrive at an employment decision.

Signature of Applicant: _____ Date: _____

7/18/11



1006 WEST MILL STREET, SUITE B
Middletown, IN 47356
765-354-9009 * 866-906-7444 * 765-354-9090 Fax

INTERVIEW COMMENTS:

ACTION TAKEN:

7/18/11



1006 WEST MILL STREET, SUITE B
Middletown, IN 47356

765-354-9009 * 866-906-7444 * 765-354-9090 Fax

AN EQUAL OPPORTUNITY EMPLOYER

INDIVIDUAL SUPPORT HOME HEALTH AGENCY is an equal opportunity employer

No applicant, for any position, is excluded from consideration based upon race, color, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

In order to comply with government record keeping and reporting requirements we ask that you provide the following data.

THIS INFORMATION IS NOT A PART OF YOUR APPLICATION FOR EMPLOYMENT. It is considered confidential information and it will not be used in any part of the hiring process including selection of applicants for job interviews.

DATE: _____

LAST NAME: _____ FIRST NAME: _____ INITIAL: _____

ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

POSITION APPLIED FOR: _____

GENDER: MALE ____ FEMALE ____

AGE: ____

RACE/ETHNIC GROUP: BLACK ____ WHITE ____ HISPANIC ____

AMERICAN INDIAN/ALASKAN NATIVE ____

ASIAN/PACIFIC ISLANDER ____ OTHER (SPECIFY) ____

ARE YOU A PERSON WITH A DISABILITY? ____

ARE YOU A VETERAN? ____ VIETNAM ERA? ____ DISABLED VETERAN? ____

OTHER SPECIAL VETERAN STATUS? _____

HOW DID YOU LEARN ABOUT OPPORTUNITIES WITH INDIVIDUAL SUPPORT HOME HEALTH AGENCY?

A ISHHA EMPLOYEE ____ FRIEND/RELATIVE ____ NO LEAD/WALK IN ____

ADVERTISEMENT ____ STATE EMPLOYMENT SERVICE ____ SCHOOL ____

OTHER ____ SPECIFY

7/18/11



1006 WEST MILL STREET, SUITE B
Middletown, IN 47356
765-354-9009 * 866-906-7444 * 765-354-9090 Fax