



VERTICAL HOME HEALTH, LLC

DBA Safe at Home

PRE-EMPLOYMENT PAPERWORK

Dear Applicant,

Please complete the following packet and mail to:

Vertical Home Health, LLC

1017 14th Street

Bedford, IN 47421

ATTN: Human Resources

Included in this packet:

- * Pre-Employment Cover Letter
- * Applicant Information Sheet
- * Employment Application
- * Background Check Consent Form

Thank you,

Vertical Home Health, LLC DBA Safe at Home

Human Resources



VERTICAL HOME HEALTH, LLC

DBA Safe at Home

Dear Applicant,

We are delighted you wish to become an integral part of the Vertical Home Health, LLC DBA Safe at Home team.

Please complete the following in receipt of your application packet:

Date of Application: _____

Name: _____

Desired Position: _____

Contact Phone: _____

E-Mail: _____

Thank you,

Doug Klink, Owner

Vertical Home Health, LLC

E-Mail: klinkiap@yahoo.com



Employment Application

VERTICAL HOME HEALTH, LLC

(DBA Safe At Home)

Date:

Vertical Home Health, LLC is an equal opportunity employer with a strict policy of non-discrimination on any basis including race, color, age, sex, religion, handicap or national origin. As such, we comply fully with all State and Federal laws prohibiting discrimination in employment.

Last Name: First Name: Middle Initial:

Social Sec. #: Home Phone: Are you authorized to work in the United States?

Cell Phone: Email: Yes No

Current Address:

City: State: Zip Code:

Have you resided at your current address for the past seven (5) years? Yes No

If you answered no, please provide a five (5) year history of all residences beginning with the most recent. If there is not enough space provided, please use the back or attach other relevant information.

Past Address:

City: State: Years At Address:

Past Address:

City: State: Years At Address:

Past Address:

City: State: Years At Address:

APPLICANT SPECIFIC DATA

Desired Position: Desired Start Date: Salary Required:

Are there any times of day or days of the week during which you are unable to work? Yes No

If you answered yes, please provide details of your time related work restrictions:

EDUCATION

Type of School	Name of School and City/State	Years Completed	Major or Degree
High School			
College Bus. or Trade School			
Graduate School			
Other			

EMPLOYMENT HISTORY (Begin with Most Recent)

1.

Name of Employer:

Name of Supervisor:

Dates of Employment: From: To:

Salary: From: To:

Complete Address:

Phone #:

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 employer: yes no

2.

Name of Employer:

Name of Supervisor:

Dates of Employment: From: To:

Salary Range: From: To:

Complete Address:

Phone #:

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 employer: yes no

3.

Name of Employer:

Name of Supervisor:

Dates of Employment: From: To:

Salary Range: From: To:

Complete Address:

Phone #:

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 employer: yes no

Professional Development, Special Skills and Community Involvement

Please list special skills, professional development, training or community involvement you feel relevant to the position for which you are applying. This may include any items you feel should be known when considering your application for employment.

BACKGROUND INVESTIGATION DATA

Have you ever been a member of the armed forces or served in the military? Yes No If you answered yes, please respond to the

Branch: Dates of Service:

Pay Grade: Type of Discharge:

Have you ever been convicted of and/or fined for a criminal offense, misdemeanor or felony? Yes No If yes, please list all convictions, misdemeanor and/or felonies below. *Note: Criminal convictions do not automatically disqualify an individual from employment. All circumstances including the nature of the offense, rehabilitation and time of offense will all be taken into consideration.

Convictions

Legal Name at Time of Charge	Charge/Conviction	Date	Sentence

APPLICANT ACKNOWLEDGEMENT

I understand that Vertical Home Health, LLC is a drug free workplace, and I agree to submit to drug and background screening prior to and during my employment, as required by company policy. I further understand that any offer of and continued employment is contingent upon the results of such inquiries and that positive or unsatisfactory results or failure to submit to such screening, may result in a revocation of any offer and/or termination of employment . I hereby authorize any physician, laboratory, hospital, medical professional or third party retained by the company for background, credit and drug and alcohol screening purposes to both conduct such screening and provide the results to Vertical Home Health, LLC, and I release Vertical Home Health, LLC or any person affiliated with the Company and such institution or person from liability arising from such testing.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for nullification of this application or immediate discharge from employment. Furthermore, I give Vertical Home Health, LLC the right to contact and obtain information from all references, educational institutions, credit bureaus or other relevant sources and to otherwise verify the accuracy of information contained in this application through whatever lawful means necessary. I hereby release from liability Vertical Home Health, LLC and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

I understand that nothing in this application, company policy statement, employee handbook or personnel guidelines is intended to create an employment agreement or a contract for employment. I further understand that no representative of Vertical Home Health, LLC other than an authorized officer, has the authority to make any assurances to the contrary, and I understand that any such assurances must be made in writing and signed by an authorized officer of Vertical Home Health, LLC and me.

If I am hired, I understand that employment is "At Will" meaning that I am free to resign at any time, with or without cause and without prior notice, and Vertical Home Health, LLC reserves the right to terminate my employment at any time without prior notice, except as may be required by law. I further understand that only an officer of Vertical Home Health, LLC may alter or amend my at-will status and any such change must be signed by the authorized Vertical Home Health, LLC .

If I am hired, I agree to abide by all work rules and policies of Vertical Home Health, LLC , and I understand that I will be required to provide proof of identity and authorization to legally work in the United States of America.

I represent and warrant that I have read and fully understand the foregoing, and I seek employment under these conditions.

Signature:

Date:

For Office Use Only

Date Hired: Status FT/PT: Position:

Date Started: Pay Rate: Division:

Date of Birth: Restrictions: Sub-Division:

Additional Comments

Supervisor:



VERTICAL HOME HEALTH, LLC

DBA Safe at Home

Vertical Home Health, LLC DBA Safe at Home will conduct the following checks:

- Criminal Background
- National Sex Offender Registry
- Office of Inspector General

AUTHORIZATION AND CONSENT FORM

Last Name, Middle, First Name

Other Last Names Used

Present Address Including City, State and Zip

Previous Address If Present Address is Less Than 3 Years Old

Date of Birth

Social Security Number

Drivers' License Number and State Issued

I have been informed that a check of Criminal Background, National Sex Offender Registry and Office of Inspector General is required for employment consideration with Vertical Home Health, LLC DBA Safe at Home. I have also been given the opportunity to declare any criminal arrests or convictions pending or already closed. I authorize the release of information to Vertical Home Health, LLC DBA Safe at Home.

Signature

Date

Witness

Date