

# APPLICATION FOR EMPLOYMENT



Loving Care In-Home Health Services  
Hospice by Loving Care

**We consider applicants for all positions without regard to race, color, religion, creed, gender, age, disability, marital or veteran status, sexual orientation or any other legally protected status.**

(PLEASE PRINT)

Position(s) Applied for:			Date of Application:		
How did you learn about us?					
Advertisement		Friend		Walk-In	
Employment Agency		Relative		Other	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work?  YES  NO

Have you ever filed an application with us before?  YES  NO

If yes, give date \_\_\_\_\_

Have you ever been employed with us before?  YES  NO

If yes, give date \_\_\_\_\_

Are you currently employed?  YES  NO

May we contact your current employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  YES  NO

*Proof of citizenship or immigration status will be required upon employment.*

On what date would you be available to work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Shift Work  Temporary

Are you currently on "lay-off" status and subject to recall?  YES  NO

Can you travel if job requires it?  YES  NO

Have you ever been convicted of a felony within the last 7 years?  YES  NO

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, Please explain: \_\_\_\_\_

\_\_\_\_\_

# Employment Experience

Start with your present or last job, include any job related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				
Employer:		Dates Employed		Work Performed
		From	To	
Address:				
Telephone Number(s):		Hourly rate/Salary		
		Starting	Final	
Job Title:	Supervisor:			
Reason for Leaving:				

If you need additional space, please continue on a separate sheet of paper.

## Additional Information

### Other Qualifications:

Summarize special job related skills and qualifications acquired from employment or other experience.

---



---



---

### Specialized Skills

### Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	Production/Mobil Machinery (list):	Other (list):
<input type="checkbox"/> PC	<input type="checkbox"/> Lotus 1-2-3	_____	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> PBX System	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> WordPerfect	_____	_____

State any additional information you feel may be helpful to us in considering your application.

---



---

**Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS FOR THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  YES  NO

A description of the activities involved in such a job or occupation is attached.

## References

1. \_\_\_\_\_  

Name	Phone #
_____	
Address	
2. \_\_\_\_\_  

Name	Phone #
_____	
Address	
3. \_\_\_\_\_  

Name	Phone #
_____	
Address	
4. \_\_\_\_\_  

Name	Phone #
_____	
Address	

**List any professional, trade, business or civic activities and offices held:**  
 You may exclude membership, which would reveal gender, race, religion, national origin, age, ancestry, disability, or other protected status:

---



---



---

## Education

	Name and Address of school	Course of Study	Years Completed	Degree/Diploma
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign language you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills, and extra-curricular activities.

---



---



---

Describe any job-related training received in the United States military.

---



---

# Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.  
I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.  
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at this time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Personnel Department Use Only

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer

\_\_\_\_\_  
Date

Employed  Yes  No

Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This application for employment is sold for general use throughout the United States. Amsterdam Printing and Litho assumes no responsibility for the use of said form or any questions which asked by the employer of the job applicant, may violate State and/or other federal law.





**Loving Care** In-Home Health Services  
HOME HEALTH HOSPICE PRIVATE DUTY

124 S. Main St., P.O. Box 1414  
Noble, Oklahoma 73068  
(405) 872-1515

**DEAR PROSPECTIVE EMPLOYEE**

**PLEASE READ**

In 2009 the government initiated the American Recovery and Reinvestment Act better known as the Stimulus Package. You are being asked for the following information to determine if you're potential employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are interviewing with may be able to obtain certain valuable tax credits based upon your answers to the questions on the two attached documents. Please take your time and answer the questions carefully, completely, and accurately. This information is requested voluntarily. You are not required to complete this questionnaire; however, the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may currently be receiving. Your assistance is appreciated.

Sincerely,

Loving Care In-Home Health and Hospice Services

## Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

1  Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3  Check here if any of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but not age 40 or older and I am a member of a family that:
  - a Received SNAP benefits (food stamps) for the past 6 months, or
  - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
- During the past year, I was convicted of a felony or released from prison for a felony.
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
- I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
- I am at least age 16 but not age 25 or older, and:
  - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
  - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
  - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4  Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, or
- Unemployed for a period or periods totaling at least 6 months.

5  Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, or
- Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

### Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ▶ \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 8-2009)



8. In the past 12 months, have you had a felony conviction, felony probation, work release, or prison release? Yes \_\_\_ No \_\_\_  
 If YES, enter date of conviction \_\_\_\_\_ and date of release \_\_\_\_\_  
 Was it a Federal \_\_\_\_\_ or a State \_\_\_\_\_ conviction? (Check one)

9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes \_\_\_ No \_\_\_

10. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes \_\_\_ No \_\_\_  
 OR, were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes \_\_\_ No \_\_\_  
 If YES, were you discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date? Yes \_\_\_ No \_\_\_  
 If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes \_\_\_ No \_\_\_

11. Are you at least 16 but under age 25? Yes \_\_\_ No \_\_\_  
 If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes \_\_\_ No \_\_\_  
 If YES, were you not regularly employed during that 6-month period? Yes \_\_\_ No \_\_\_  
 If YES, were you not employable because you lacked basic skills? Yes \_\_\_ No \_\_\_

12. If you lived in the area impacted by Hurricane Katrina on August 28, 2005, please enter the address, including county or parish and state where you lived at that time.

\_\_\_\_\_  
 Street Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 County or Parish

**Employer use only**

Please send both pages of this Questionnaire, both pages of the 8850 (all with original signatures), supporting documentation to:  
 Paycom, ATTN: Tax Credit Dept.  
 7510 W Memorial Rd, MS # 150  
 Oklahoma City, OK 73142

*This documentation is time sensitive and must be received by Paycom no later than 21 days from the new employee's start date to allow Paycom to time to review and submit the new employee's package to the State Workforce Agency. Request for certification does not guarantee approval.*

Starting Wage \$ \_\_\_\_\_

Position Title \_\_\_\_\_

Hire Date \_\_\_\_\_

Start Date \_\_\_\_\_