



Date: _____

Unlicensed Personnel Application

An Equal Opportunity Employer

Please advise us if you need an accommodation to complete this application.

Last Name: _____ First Name: _____ M.I. _____

Social Security #: _____ - _____ - _____ Maiden Name: _____

Email Address: _____ Skill: **HHA STNA CNA**

Street Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone # _____ - _____ - _____ Message Phone # _____ - _____ - _____

Are you at least 18 years old? **YES NO** Will you work in a home with a pet? **YES NO**

Do you have access to public transportation? **YES NO**

Do you have the ability to travel home to home? **YES NO**

Do you have a driver's license? **YES NO**

State _____ Driver's License # _____ Expiration Date ___/___/___

Have you ever been convicted* of a criminal offense other than a traffic violation? **YES NO**

If **YES**, please explain _____

(*Conviction will not necessarily disqualify an applicant from employment)

Training Certificate # _____ Issued by _____ Exp. Date _____

Have you ever been employed by Health Force, First Call Health Services or Black Stone healthcare before? **YES NO** If so, when? _____

Have you been a resident of the State of Ohio for at least 5 continuous years? **YES NO**

If the answer is **NO** what other state(s) have you lived in? _____

How were you referred to Black Stone ?

Newspaper Name _____ Other _____

Friend (Name) _____

I am fluent in the following languages: _____

What Days/Hours are you available to work? _____

Are you available to work occasional weekend? _____

Education	High School	College	Other
School Name, City, State			
Graduated?	YES NO	YES NO	YES NO
Degree or Major			

Check areas in which you have experience, are knowledgeable or training.

Skills Inventory A

Hospital	<input type="checkbox"/>	Geriatric Care
Nursing Home	<input type="checkbox"/>	Pediatric Care
Private Home	<input type="checkbox"/>	Psychiatric Care
Other	<input type="checkbox"/>	AIDS Care
Meal Preparation	<input type="checkbox"/>	Mother/Child Care
Special Diets	<input type="checkbox"/>	Mental Retardation Care
Spinal Cord Injury	<input type="checkbox"/>	Oncology/Dying Patient Care
CVA	<input type="checkbox"/>	Other

Skills Inventory B

<input type="checkbox"/>	Transfer ROM	<input type="checkbox"/>	Foley Care	<input type="checkbox"/>
<input type="checkbox"/>	Bathing	<input type="checkbox"/>	Supervise Meds	<input type="checkbox"/>
<input type="checkbox"/>	TPR	<input type="checkbox"/>	Intake & Output	<input type="checkbox"/>
<input type="checkbox"/>	Blood Pressure	<input type="checkbox"/>	Test Diabetic Urine	<input type="checkbox"/>
<input type="checkbox"/>	Dressing Change Un-sterile	<input type="checkbox"/>	Specimen Collection	<input type="checkbox"/>
<input type="checkbox"/>	Warm/Cold Compresses	<input type="checkbox"/>	Other	<input type="checkbox"/>
<input type="checkbox"/>	Ostomy Care	<input type="checkbox"/>		<input type="checkbox"/>

Previous Employment (List your last 5 employers both permanent and temporary):

From	To	Employer Name & Phone #	Pay Rate	Position	Supervisor	Reason for Leaving

Personal References (No family members please)

Name & Address	Phone #	Occupation	# Of years known

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job is attached. Do not answer this question unless you have been informed about the requirements of the job for which you are applying. **YES NO**

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I understand that, in the event of employment, false or misleading information given in my application or interview may result in discharge.
- I authorize investigation of all references and statements contained in the application for employment as may be necessary in arriving at an employment decision.
- I understand that if I am offered employment, I will be working for Black Stone , on its payroll, at its client’s premises.
- I understand that my employment may be terminated by Black Stone at any time, without liability to me for wages and salary except as have been earned by me at the date of such termination.
- I understand that Black Stone is an equal opportunity employer. Black Stone does not discriminate in employment based on race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service

Signature: _____ Date _____
 9/23/13