

CHEROKEE NATION HOME HEALTH SERVICES, INC.

**CNHHS MISSION IS TO PROVIDE LIFE ENHANCING HOME AND COMMUNITY
BASED HEALTH SERVICES WITH PRIDE, COMPASSION, AND INTEGRITY TO
THOSE IN NEED**

EMPLOYMENT APPLICATION FOR ADMINISTRATIVE & SKILLED STAFF



CNHHS, Inc.

**MAILING ADDRESS:
ONE PLAZA SOUTH PMB #374
TAHLEQUAH, OKLAHOMA 74464**

**918-456-5051
TOLL FREE: 1-800-307-4768
FAX: 918-456-1120**

**NOTICE TO APPLICANTS AND EMPLOYEES:
SCREENING TESTS FOR ALCOHOL AND ILLEGAL DRUG USE MAY BE
REQUIRED BEFORE HIRING AND DURING YOUR EMPLOYMENT HERE.**

*****APPLICATIONS WILL BE KEPT ON FILE FOR 180 DAYS THEN DESTROYED***

PERSONAL

Last Name	First	Initial	Social Security #
Other Name(s) Used			Home Telephone #
Address			Business or Message #
City	State	Zip Code	Business or Message #
Position Applied for		Referred By	Salary Desired
Have you ever interviewed with the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), & location(s)	
Have you ever been employed by the Company or its affiliates before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job title(s), & location(s)	
Do you have any relatives employed by the Company or its affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, list date(s), job titles(s), & location(s)	
Are you at least 18 year old? <input type="checkbox"/> Yes <input type="checkbox"/> No		If under 18, do you have a work permit?	

EDUCATION

Circle Highest Grade Completed:

High School	9	10	11	12
College, Trade or Business	1	2	3	4
Graduate Studies	_____			

School	Address	Major Studies	Degree, Diploma, License or Certificate
High School			
College/University			
Vocational, Business Other			
List Any Professional Designations			
Other Special Knowledge, Skills or Qualifications			

For Clerical Applicant's Only:

Do you type? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, WPM:
Computer Skills (Hardware/Software)	

EMPLOYMENT HISTORY

List all employments for the past 7 years, starting with the most recent position. All information **must** be completed. You may attach a resume, but not in place of completing the required information.

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
Job Title		Reason for Leaving	
Duties & Responsibilities:			

Employed From / /	Employer Name	Supervisor Name	Starting Salary
Employed Until / /	Employer Address	Supervisor Phone #	Ending Salary
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Duties & Responsibilities:			

GENERAL

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer for references? |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overtime and/or weekends? |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodations? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by court? (A yes response does not automatically disqualify your application) |

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that in the event of my employment by the Company, I shall be subject to dismissal if any information that I have given in this application is false or misleading or if I have failed to give any information herin requested regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional, and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date

***Applications are held on file for 90 days then destroyed.

CHEROKEE NATION HOME HEALTH SERVICES, INC.

EMPLOYEE REFERENCE FORM

NAME OF APPLICANT: _____

POSITION(S) APPLIED FOR: _____

(This **cannot** be a relative or family member)

REFERENCE NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

The individual named above has applied for a position at our Agency. He/she has given us your name as a person we may consult on his/her character and suitability to work with home health clients.

We would appreciate you answering the following questions and providing additional comments if necessary. Your response will be kept confidential.

1 How long have you known this person? _____

2 What is/was your relationship (friend, employer, pastor, neighbor, etc.)? _____
(Please Note: This **cannot** be a relative or family member)

3 In your opinion is this person dependable? YES _____ NO _____

4 If you were/are an employer of this person, would you retain or rehire this person?
YES _____ NO _____

5 Any other special comments would be appreciated: _____

Reference Signature

Date

Verified By: _____

****Please Return With Application****

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