

Lou's Quality Home Health Care Services  
P.O. Box 893224  
Mililani, HI 96789  
Phone 808-754-3934 808-623-7109 FAX 808-623-7100  
Email lou.marcelo@yahoo.com

### Applicant Information Sheet

Dear Applicant,

Thank you for your interest in employment with Lou's Quality Home Health Care Services. Please complete the attached forms and return to us as soon as possible. After we have verified your previous employment and references, we will contact you.

#### **Complete:**

##### **1. Employment Application.**

Please include phone numbers of previous employers

Remember to sign the application form

Mail application to: LQHHCS  
P.O. Box 893224  
Mililani, HI 96789

##### **2. CNA or LPN/RN test (if applicable)**

Test must be taken in LQHHCS's office and taken at your own pace.

If you are offered employment with Lou's Quality Home Health Care Services, we will schedule an orientation and an initial check of your skills.

#### **The following information and documents must be provided prior to being schedule for orientation.**

1. Current CPR (adult CPR, infant and child included).
2. TB Clearance, TB skin test or Chest X ray.
3. Standard First Aid Certificate.
4. Driver's license and proof of Hawaii no fault insurance.
- 5,. Social Security number or Birth certificate, proof of legal status to work in the U.S.
6. Physical exams within the past 6 months.
7. Hawaii Nursing license (RN or LPN).
8. Certified Nursing Assistant diploma.
9. Current Criminal Background Check.

Thank you for your interest in working with Lou's Quality Home Health Care Services. If you are hired, you will find it both challenging and personally rewarding.

Sincerely,

Lourdes Vergara Marcelo, RN



If Yes, when and what was their position(s) \_\_\_\_\_

Have you previously worked for LQHHCS ? \_\_\_\_\_  Yes  No

If yes, When and Where ? \_\_\_\_\_

Are you able to perform the essential functions of the job and physically capable of tranfering patients of reasonable weight without the assistance from other CNA / RN?  Yes  No

**2. EDUCATION/TRAINING**

	High School	Technical/Trade	Undergraduate College/University	Graduate/Professional
School Name and Location				
Circle Highest grade Completed	9 10 11 12	1 2 3 4	1 2 3 4	1 2 3 4
Diploma/Degree/Certificate				
Describe Course of Study				
Describe specialized Training Apprenticeship, Skills, and Extra-Curricular Activities				
<p><b>Professional:</b> Do you have or have applied for a Hawaii Professional License, or National Certification/Registry? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently licensed? <input type="checkbox"/> Certified <input type="checkbox"/> Registry Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please provide the specifics: # _____ Type: _____ Expiration Date _____                      # _____ Type: _____ Expiration Date _____</p>				
<p><b>Special skills and Qualifications/Employment Gaps</b>                      Summarize special skills and qualifications acquired from employment or other experiences. Also, explain periods that you were not working.</p>				
<p>List professional memberships.</p>				

**3. REFERENCES**

Provide name, address and telephone number of the three references who are no related to you and are not previous employers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**4. ADDITIONAL EMPLOYMENT RECORDS** Please list all employers for the past 10 years beginning with the most recent job. Account for any period that you were **NOT** working. Failure to fully disclose all information or falsification may invalidate this employment application and or lead to termination of employment. If more space is required, you may attach additional work sheets.

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Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Date of Service \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ to \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Date of Service \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ to \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

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Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Date of Service \_\_\_\_\_ to \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_ to \_\_\_\_\_

Your Job Title \_\_\_\_\_ Your Supervisor's Name \_\_\_\_\_

Job Description: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do have experience or knowledge in the following areas:

- Computer skills       Word-processing       Databases       Spreadsheets
- Internet/Web       Computer programming

**5. CERTIFICATION**  
**PLEASE READ CAREFULLY BEFORE SIGNING**

- A. I certify that the information contained in the application is true, complete and correct to the best of my knowledge, and understand that any false or misleading statement or omissions, whenever discovered, regarding this application are grounds for disqualification from further consideration or for dismissal from employment
- B. If employed by LQHHCS, I agree to conform to the guidelines and policies of the company, and understand that **MY EMPLOYMENT IS AT-WILL AND CAN BE TERMINATED AT ANY TIME AND FOR AN REASON BY EITHER PARTY.**
- C. I understand and agree that only the Executive Director of the company has any authority to enter into any agreement to employ me for any specified period of time or to modify terms and conditions of my employment and such an agreement must be in writing and signed by the Executive Director.
- D. I understand and agree LQHHCS may make a full and complete investigation of my personal or professional history. Information (including facts or opinion) regarding my employment to any potential or future employer and release and waive any claims against Hawaii for truthfully communicating any such information to a potential or future employer.
- E. I understand and agree that I may be required to submit to drug testing and a complete post-offer medical examination, as part of my application for employment with LQHHCS provided that such examination is job-related and consistent with business necessity. The cost of such examination will be paid by LQHHCS. I authorize the physician conducting the examination and any laboratory testing any specimen obtained by the physician or collection site to disclose the result confidential and disclose the results only to persons who need to know or where required by law. Also, I agree and truly cooperate and provide LQHHCS with an additional consent(s) and /or release(s) as required by LQHHCS to investigate my employment application
- F. I understand and agree that an investigative consumer report may be made concerning my character, reputation , personal characteristics and mode of living.
- G. I understand that LQHHCS may inquire into and consider any criminal conviction record that I may have after it makes a conditional offer of employment to me. I also understand LQHHCS may withdraw from a conditional employment offer if I have a criminal conviction record which has a relevant relationship to the duties and responsibilities of the positions for which I am applying. Any criminal conviction record that is more than 10 years old or that involves certain Family Court matter will not be considered.
- H. I understand and agree that all of the foregoing terms and conditions will become part of my employment relationship with LQHHCS.

Authorization/Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_