

TANDOH HEALTH CARE SERVICES

709 S. BYRNE RD #8 TOLEDO, OHIO 43609
PHONE: 419.534.6077 FAX: 419.534.6377

EMPLOYMENT APPLICATION

DEAR APPLICANT, THANK YOU FOR CHOOSING TANDOH AS YOUR TENTATIVE EMPLOYER. PLEASE COMPLETELY FILL OUT THE APPLICATION. WHEN YOU ARE READY, PLEASE SUBMIT YOUR APPLICATION WITH THE FOLLOWING: * A COPY OF YOUR DRIVERS LICENSE * A COPY OF YOUR SOCIAL SECURITY CARD * A COPY OF YOUR HIGHEST LEVEL OF EDUCATION * A COPY OF YOUR CAR INSURANCE. YOUR APPLICATION CANNOT BE PROCESSED UNTIL ALL REQUESTED ITEMS ARE TURNED IN. ANY CERTIFICATIONS YOU MAY HAVE WHICH IS REQUIRED OF STAFF TO WORK IN THE DD FIELD IS HELPFUL TO ADD TO YOUR APPLICATION. THANK YOU, TANDOH MANAGEMENT.

PERSONAL INFORMATION

PRINT NAME:	DATE OF BIRTH:	DATE:
S.S.N.:	ADDRESS:	TELEPHONE NUMBERS:
POSITION APPLYING FOR:		
HOW DID YOU HEAR ABOUT TANDOH?		
DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING FOR TANDOH? WHO?		
PLEASE LIST ANY MILITARY SERVICE:		

WORK HISTORY PLEASE LIST YOUR WORK HISTORY BEGINNING WITH YOUR MOST CURRENT.

NAME OF EMPLOYER	ADDRESS	PHONE NUMBER	POSITION
REASON FOR LEAVING	ENDING SALARY	DATE OF HIRE	LAST DAY
NAME OF EMPLOYER	ADDRESS	PHONE NUMBER	POSITION
REASON FOR LEAVING	ENDING SALARY	DATE OF HIRE	LAST DAY
NAME OF EMPLOYER	ADDRESS	PHONE NUMBER	POSITION
REASON FOR LEAVING	ENDING SALARY	DATE OF HIRE	LAST DAY

EDUCATION

HIGH SCHOOL	YEAR GRADUATED	ACCOMPLISHMENTS
COLLEGE/DEGREE	YEAR GRADUATED	ACCOMPLISHMENTS

NON-RELATED PERSONAL REFERENCES (PLEASE LIST THREE.)

NAME	PHONE NUMBER	RELATIONSHIP	YEARS KNOWN

PLEASE LIST ALL SPECIAL SKILLS, TRAININGS, AND CERTIFICATIONS.

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PLEASE PROVIDE A SUMMARY OF WHY TANDOH SHOULD HIRE YOU.

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PRINT NAME	CIRCLE ONE: FULL TIME or PART TIME	DATE YOU CAN BEGIN WORK	SHIFT PREFERRED
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PLEASE NOTE THAT ALL TANDOH EMPLOYEES ARE REQUIRED TO WORK AN EQUIVALENT OF EVERY OTHER WEEKEND AND EVERY OTHER HOLIDAY. SHIFTS MAY VARY FROM 1 HOUR TO 12 HOURS. DUE TO THE NATURE OF SERVICES PROVIDED BASED UPON CLIENT NEEDS AND STAFFING NEEDS, YOU MAY BE ASSIGNED TO WORK OTHER SHIFTS.

PLEASE LIST YOUR AVAILABILITY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
START TIME							
END TIME							

- **DURING THE INTERVIEW, REVIEWED AND DISCUSSED WITH APPLICANT THEIR AVAILABILITY.**

 APPLICANT SIGNATURE/DATE TANDOH MANAGEMENT SIGNATURE/DATE

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS TRUTHFULLY AND THOROUGHLY.

1.	PLEASE DESCRIBE A TIME YOU MADE A MISTAKE ON THE JOB. HOW DID YOU FIND OUT ABOUT THE MISTAKE AND WHAT DID YOU DO TO CORRECT THE MISTAKE?
_____ _____ _____	
2.	PLEASE DESCRIBE THE BEST TEAM YOU WORKED WITH. WHAT ROLE DID YOU PLAY AS A TEAM MEMBER?
_____ _____ _____	
3.	PLEASE DESCRIBE A TIME YOU DISPLAYED UNPROFESSIONAL BEHAVIOR AT WORK. WHAT DID YOU LEARN FROM THIS?
_____ _____ _____	
4.	PLEASE DESCRIBE A TIME YOU HAD TO DEAL WITH A DIFFICULT CO-WORKER. HOW DID YOU HANDLE THE SITUATION?
_____ _____ _____	

PLEASE READ CAREFULLY.

I UNDERSTAND THAT ANY FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW MAY RESULT IN DISCHARGE FROM EMPLOYMENT WITH TANDOH. I AUTHORIZE AND GIVE TANDOH PERMISSION TO CONTACT MY CURRENT AND PREVIOUS EMPLOYERS IN ADDITION TO MY PERSONAL REFERENCES. I UNDERSTAND I AM TO ABIDE BY ALL RULES AND REGULATIONS OF TANDOH. I ATTEST THAT I AM OF 18 YEARS OF AGE OR OLDER. TANDOH IS AN EQUAL OPPORTUNITY EMPLOYER. I UNDERSTAND MY EMPLOYMENT WITH TANDOH IS "EMPLOYMENT AT WILL". THE INFORMATION CONTAINED IN MY EMPLOYMENT APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE DATE

ATTACHED TO THIS APPLICATION IS AN OFFENSE LIST AND DEPARTMENT OF HOMELAND SECURITY FORM. PLEASE CAREFULLY READ BOTH AND FILL OUT ALL REQUIRED ELEMENTS. BOTH COMPLETED FORMS ARE TO BE TURNED IN WITH YOUR APPLICATION. THANK YOU.