



**Noval SeniorCare Employment Application**

Please print off this form and fax it to 405-602-1219 (Oklahoma City office) or to 918-641-0401 (Tulsa office) or mail it to:

Attention: Human Resources  
220 N.W. 10<sup>th</sup> Street  
Oklahoma City, OK 73103

You may also drop it by one of our Noval Senior care offices at:

220 N.W. 10<sup>th</sup> Street  
Oklahoma City, Oklahoma 73102  
405-235-1469

9717 East 42<sup>nd</sup> Street  
Tulsa, Oklahoma 74146  
918-641-0401

**It is important that you read and fill out all information on this form completely. If this form is submitted in an incomplete form, you will not be considered for employment.**

Pursuant to the Title VI of the Civil Rights Act of 1964, the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1975, the Vietnam Era Veterans Readjustment Act of 1984, Executive Order 11246, and the Americans with Disabilities Act of 1992, their implementing regulations, or any other federal, state or local law, order, rule or regulation, Noval Senior Care does not discriminate in the provision of services or in employment on the basis of age, race, color, marital status, religion, creed, sex, veteran or military status, national origin, physically or mentally disabled, or any other legally protected category.

**Personal Information:**

License Type/Position of Interest:

- RN     LPN     Respiratory Therapist     Physical Therapist     HHA
- CMA     CNA     Medical Assistant     Companion     Live-in

License Number: \_\_\_\_\_

License State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Full Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_

What staffing or home care agencies have you worked for in the past three years?

Have you ever been convicted of a felony?  Yes  No

If yes, describe:

Transportation: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

State: \_\_\_\_\_

Please tell us the job or type of job you are seeking: \_\_\_\_\_

Full or part-time?  Full  Part-time

Shift length:  8 hour  12 hour

Shift preference:  Day  Evening  Night

**Education:**

*Vocational/Training School:*

Name and Address: \_\_\_\_\_

From – To Dates: \_\_\_\_\_

Graduated:             Yes             No

Degree Earned: \_\_\_\_\_

*Hospital:*

Name and Address: \_\_\_\_\_

From – To Dates: \_\_\_\_\_

Graduated:             Yes             No

Degree Earned: \_\_\_\_\_

*College/University:*

Name and Address: \_\_\_\_\_

From – To Dates: \_\_\_\_\_

Graduated:             Yes             No

Degree Earned: \_\_\_\_\_

*Additional Education or Training*

Name and Address: \_\_\_\_\_

From – To Dates: \_\_\_\_\_

Graduated:             Yes             No

Degree Earned: \_\_\_\_\_

**Personal References:**

Please list the requested information EXCLUDING friends, relatives or former employers.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Classification: \_\_\_\_\_

Telephone: \_\_\_\_\_

*Reference Number Two:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Classification: \_\_\_\_\_

Telephone: \_\_\_\_\_

*Reference Number Three:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Classification: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Work History:**

*Present Employer:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

From – To Dates: \_\_\_\_\_

Unit/Floor: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Your Position and Duties:

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Shift Worked: \_\_\_\_\_

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

Hourly Pay/Salary: \_\_\_\_\_

*Previous Employer:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

From – To Dates: \_\_\_\_\_

Unit/Floor: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

Your Position and Duties:

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

Hourly Pay/Salary: \_\_\_\_\_

*Previous Employer:*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

From – To Dates: \_\_\_\_\_

Unit/Floor: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Your Position and Duties:**

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

Hourly Pay/Salary: \_\_\_\_\_

**Agreement:**

Noval SeniorCare, LLC does not unlawfully discriminate in the provision of services or employment because of race, religion, color, sex, age, marital status, national or ethnic origin, physical or mental disability, or any other protected basis. I hereby authorize the schools, companies, former employers and all other persons named in this application to give any information regarding my employment, education, driving record, conviction records or character. I hereby release Noval SeniorCare and said schools, agencies, companies, former employers and all other persons named in this application from all liability for any damages resulting from issuing this information. I agree, during my employment with Noval SeniorCare that I am strictly prohibited from seeking or accepting employment, either directly or indirectly, in any capacity, from any home care, private duty or facility client assigned to me by Noval SeniorCare. I am also strictly prohibited from seeking or accepting employment, either directly or indirectly, in any capacity from any home care, private duty or facility client assigned to me by Noval SeniorCare after my assignment ends with any such client for any reason and for a period of ninety (90) calendar days thereafter. We also explain this Non-Solicitation/Finder’s Fee Policy to all Noval SeniorCare clients and enforce this policy against clients and employees who violate it. Your violation of the policy may subject you to disciplinary action and/or legal action for which we will seek damages in an estimated amount of up to \$10,000, as well as all other available remedies in law and equity. I understand and agree that nothing contained in this employment application or granting of an interview creates an employment contract between Noval SeniorCare and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no promise or guarantee is binding upon Noval SeniorCare unless made in writing prior to the date of this application. If an employment relationship is established, I understand that my employment will be terminable “at will,” that I have the right to terminate my employment at any time, and that Noval SeniorCare will retain a similar right to terminate my employment at any time. I agree not to transport a client in my vehicle or their vehicle without the express knowledge and permission of Noval SeniorCare. I certify that the foregoing answers to the questions asked in this application and on the accompanying Work Experience Record are true and correct to the best of my knowledge. I understand that falsification of information or misinformation hereon may result in discharge at any time it becomes known by Noval SeniorCare.

**Herein:**

I affirm that the information provided is true and correct to the best of my knowledge. I understand that failure to provide true and correct information may result in the rejection of my application. I agree to the terms and conditions described in the “Contract” above.

**Acceptance:**

Name: \_\_\_\_\_

Date: \_\_\_\_\_