

EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with our Home Care Agency. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

EMPLOYMENT / JOB APPLICATION

PERSONAL INFORMATION

NAME OF CAREGIVER: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE _____ BEST TIME TO REACH: _____

E-MAIL: _____ PHONE: _____

SOCIAL SECURITY NUMBER (SSN): ____ - ____ - ____

DATE AVAILABLE: _____

POSITION APPLIED FOR: _____

EMPLOYMENT DESIRED: FULL-TIME PART-TIME

EMPLOYMENT ELIGIBILITY

ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.? YES NO*

HAVE YOU EVER WORKED FOR THIS EMPLOYER? YES* NO

*IF YES, WRITE THE START AND END DATES: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES* NO

*IF YES, PLEASE EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ CITY / STATE: _____

FROM: _____ TO: _____

GRADUATE? YES NO DEGREE: _____

OTHER: _____ CITY / STATE: _____

FROM: _____ TO: _____

DEGREE/CERTIFICATION: _____

PREVIOUS EMPLOYMENT

EMPLOYER _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS:

Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____

EMPLOYER _____
Company / Individual

E-MAIL: _____ PHONE: _____

ADDRESS:

Street Address Apt/Suite

City State Zip Code

STARTING PAY: \$ _____ HOUR SALARY

ENDING PAY: \$ _____ HOUR SALARY

JOB TITLE: _____ RESPONSIBILITIES: _____

FROM: _____ TO: _____

REASON FOR LEAVING: _____



EMERGENCY CONTACTS

Date: _____

Employee Name: _____

Cell Phone Number: _____

Home Phone Number _____

I, _____ give permission to Heart 2 Heart Home Care to contact any of the following people in case of an emergency.

Contact Name: _____

Relationship: _____

Phone #: _____

Contact Name: _____

Relationship: _____

Phone #: _____

Contact Name: _____

Relationship: _____

Phone: _____

DIRECT CARE WORKER AVAILABILITY

Please complete the following schedule and provide times that you are able to work for H2H. We provide services 24 hours a day, 7 days a week. How you complete this form is especially important. The work hours that are provided for you by H2H are driven by two primary business issues; the needs of the Consumers and your availability to work.

Total Requested Hours Per Week:

Ideal: _____ Minimum: _____ Maximum: _____

**I understand that the more I am available to work the greater likelihood that my hours request will be met.

SUNDAY	AM:	TO	PM:
MONDAY	AM:	TO	PM:
TUESDAY	AM:	TO	PM:
WEDNESDAY	AM:	TO	PM:
THURSDAY	AM:	TO	PM:
FRIDAY	AM:	TO	PM:
SATURDAY	AM:	TO	PM:

Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No
Valid driver's license?	<input type="radio"/> Yes <input type="radio"/> No
CPR or first-aid training?	
Do I have your permission to run a background check?	<input type="radio"/> Yes <input type="radio"/> No
After reviewing the job description, is this the type of position you are looking for?	<input type="radio"/> Yes <input type="radio"/> No
Are you comfortable with the duties required for the position?	<input type="radio"/> Yes <input type="radio"/> No
Are you comfortable with pets?	<input type="radio"/> Yes <input type="radio"/> No
Are you able to work the hours needed?	<input type="radio"/> Yes <input type="radio"/> No

Client Name	Start Date	End Date

Employee hereby agrees to be fully bound by the terms of this contract.

Employee Signature:

Printed Name:

Employee Email: _____

Date: _____

When are you available to start? _____



This sheet designates the times that I am committing myself to be available to work for H2H. By signing this sheet, I acknowledge that the decision to hire me will be based in part on the above availability. I agree any changes to my availability must be approved and signed by my supervisor. I understand that there is no guarantee of hours if I am offered a position with H2H. I understand that it can take time to reach and sustain my desired number of hours per week and that multiple factors affect this goal including my availability, Consumer requests, my stalls, and my ability to please the Consumer to whom I am assigned. Nothing in this statement is to be construed as a direct, implied or inferred contract of employment. I understand I am not authorized to provide medical care independently and agree that if a medical emergency arises while I am with a Consumer, I will call 911 and follow their instructions accordingly.

Signature _____ Date _____



JOB DESCRIPTION FOR:

Direct Care Worker

JOB CLASSIFICATION:

Non-Exempt



JOB SUMMARY:

Responsible for (Non-Medical), in-home provide for the comfort and general supervision of Patients as well as home management services. Provides companionship to those individuals requiring socialization and/or minimum guidance to assure a safe, protected, clean and orderly environment.

QUALIFICATIONS:

Minimum of ninth education; high school diploma or GED preferred. Must demonstrate satisfactory completions of any stated mandated training. Applicant must be bondable and meet or exceed minimum qualifications for each of the following background checks: criminal background investigation, professional reference checks and give permission to submit to random drug testing.

Must satisfactorily complete the following:

1. Complete and pass H2H's Competency Training Test the following subject areas:

- Confidentiality
- Patient control and the independent living philosophy.
- Instrumental activities of daily living.
- Recognizing changes in the Patient that need to be addressed.
- Basic infection control.
- Universal precautions.
- Handling of emergencies.
- Documentation.
- Recognizing and reporting abuse or neglect.
- Dealing with difficult behaviors.

ESSENTIAL JOB FUNCTIONS:

1. Provide general attention to Patient's non-medical needs in accordance with a Plan of Care.
 2. Provides companionship for Patients' including talking and listening, reading aloud, providing social and emotional support.
 3. Promote the Patient's mental alertness through involvement in activities of interest.
 4. Provides emotional support and promotes a sense of well-being,
 5. Provide for a dean, safe, and healthy environment for Patients and family members. Provides light housekeeping tasks including laundering of Patient's garments and linens,
 6. Prepare and serve meals as directed and ensure dishes are washed and kitchen is clean after each meal.
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7. Assists Patient in completing necessary phone calls, letter writing, etc.
8. Accompanies Patient on walks, community trips, doctor's office, bank, beauty salons, etc.
9. Reminds Patient to take self-administered medications.
10. Observes and reports any changes in the Patient's mental, physical, or emotional condition or home situation to immediate supervisor in a timely manner.

WORKING ENVIRONMENT:

Patient's home setting and automobile. Contact with blood or other body fluids may pose a risk for exposure to blood borne pathogens and infectious diseases.

POSITION PHYSICAL DEMANDS:

The work requires light physical exertion on a regular and recurring basis, such as driving, assisting the Patient in activities, and light housekeeping. You are regularly required to sit, walk, talk, hear and occasionally required to reach and lift. H2H requires all employees prior to any offer of employment being extended; all employees must successfully pass a state mandatory criminal background check. H2H is prohibited from hiring and or retaining any individual(s) with a prohibited conviction or Department of Aging ineligibility determination.

AS REQUIRED UNDER PA CODE § 611.52.(E) PROHIBITION:

The home care agency or home care registry may not hire, roster or retain an individual if the State Police criminal history record reveals a prohibited conviction listed in 6 Pa. Code § 15.143 (relating to facility responsibilities), or if the Department of Aging letter of determination states that the individual is not eligible for hire or roster.

I acknowledge receipt and understanding of this Job Description, I realize that this reflects a general list responsibility of the position, as well as a general description of the working environment and physical demands of the position I have accepted.

Signature:

Date:



REFERENCE (1)

REFERENCE CHECK FOR Heart 2 Heart Home Care Employees

*Company Name (if applicable) _____

Contact Person: _____

*Company Address: _____

*Phone Number: _____

_____ has applied to work with Heart 2 Heart Home Care, as a non-medical in-home caregiver and has given your name as a reference. In this position, she/he may provide tasks such as personal care, meal preparation, light housekeeping, and transportation to an elderly or disabled person. We would like to know your recommendations as to her/his suitability for this type of work.

Applicant's Signature

Date

DO NOT WRITE BEYOND THIS POINT

❖ How long and in what capacity did you know this individual?

❖ Is there any reason why you would not sincerely recommend the applicant for this position?

❖ Do you think this individual would perform well as a caregiver?

❖ Job Title: _____

❖ Is this individual eligible for rehire _____

❖ Dates of employment _____ to _____

Signature of Representative of H2H

Date



REFERENCE (2)

REFERENCE CHECK FOR Heart 2 Heart Home Care Employees

*Company Name (if applicable) _____

Contact Person: _____

*Company Address: _____

*Phone Number: _____

_____ has applied to work with Heart 2 Heart Home Care, as a non-medical in-home caregiver and has given your name as a reference. In this position, she/he may provide tasks such as personal care, meal preparation, light housekeeping, and transportation to an elderly or disabled person. We would like to know your recommendations as to her/his suitability for this type of work.

Applicant's Signature

Date

DO NOT WRITE BEYOND THIS POINT

❖ How long and in what capacity did you know this individual?

❖ Is there any reason why you would not sincerely recommend the applicant for this position?

❖ Do you think this individual would perform well as a caregiver?

❖ Job Title: _____

❖ Is this individual eligible for rehire _____

❖ Dates of employment _____ to _____

Signature of Representative of H2H

Date

REFERENCE (3)

REFERENCE CHECK FOR Heart 2 Heart Home Care Employees

*Company Name (if applicable) _____

Contact Person: _____

*Company Address: _____

*Phone Number: _____

_____ has applied to work with Heart 2 Heart Home Care, as a non-medical in-home caregiver and has given your name as a reference. In this position, she/he may provide tasks such as personal care, meal preparation, light housekeeping, and transportation to an elderly or disabled person. We would like to know your recommendations as to her/his suitability for this type of work.

Applicant's Signature

Date

DO NOT WRITE BEYOND THIS POINT

❖ How long and in what capacity did you know this individual?

❖ Is there any reason why you would not sincerely recommend the applicant for this position?

❖ Do you think this individual would perform well as a caregiver?

❖ Job Title: _____

❖ Is this individual eligible for rehire _____

❖ Dates of employment _____ to _____

Signature of Representative of H2H

Date

