

# Freedom Home Care Employment Information

FREEDOM HOME CARE IS AN EQUAL OPPORTUNITY EMPLOYER BY BOTH POLICY AND PRACTICE AND COMPLIES WITH ALL FEDERAL AND STATE LAWS WHICH FORBID DISCRIMINATION.

**Thank you for considering Freedom Home Care as an employer.** To ensure that we make a hiring decision that is right for you and ourselves, we use a number of different selection tools and consider a great amount of information before a decision is made. As you go through the employee selection process, you may come in contact with **some or all** of the following selection tools.

1. **Employment Application** – Complete all sections which pertain to you. Do not include a resume as a substitute for completing the application. Sign and date the application. The employment application allows Freedom Home Care to determine your qualifications and experience. By signing the application, you authorize Freedom Home Care to verify the information contained in the application. Falsification of information on the application or failure to provide accurate information can result in disqualification for employment or termination of employment if discovered after hire.
2. **Employment Interviews** – Several personal (or telephone) interviews may be conducted with you in order to provide more detailed information regarding your background and qualifications. You may be asked to attend a Group Interview, where several applicants will be present. Please dress professionally, be on time, and do not bring family or friends with you.
3. **Skills Assessment** – Before being offered a job with our company, a nurse will assess whether or not you have the necessary skills required for employment. You will be tested in your knowledge of personal care, infection control, proper body mechanics and various other skills needed in working with the elderly, disabled and children.
4. **Test for Evidence of Substance Abuse** – This is a urinalysis test for abusive levels of any chemical substance. We do drug testing pre-employment and random tests after hire.
5. **Reference Checks** – Your previous work history and/or educational references are verified prior to an offer of employment.
6. **Records Check** – Verification and information checks with Social Security Administration, criminal courts, Federal, State, and County repositories of criminal records and Department of Motor Vehicles. We do not accept background checks from other places. It is the policy of Freedom Home Care to not hire applicants if any type of theft (including shoplifting), abuse (physical, assault, battery) or forgery in the last 3-5 years is reported on your background check.
7. **REQUIRED DOCUMENTATION** – YOU MUST SUBMIT THE FOLLOWING ITEMS BEFORE WE WILL ACCEPT YOUR APPLICATION: DRIVERS LICENSE, SOCIAL SECURITY CARD, AUTO INSURANCE, and PERSONAL RELIABLE TRANSPORTATION. Once you have been selected from the interview process you are required to have the following before we will offer you an assignment: TB Skin Test and Current CPR/FA. Turn all of the items in with your application if you already have them.
8. **APPLICATION FEE**: An application fee of \$25.00 is required after you have been selected from the interview process. The application fee is **NON-REFUNDABLE**. If you are not offered a position with our company after the interview/screening process, you can resubmit your application with our company after 6 months. We will be happy to provide you with a copy of your background check and/or DMV record upon request for a limited time.

# Employment Application

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

<b>Applicant Information</b>			
Name			Date
Street Address			
City		State	ZIP
Home Phone	Cell Phone		SSN
Email Address			

<b>Emergency Contact</b>			
Name		Home Phone	Cell Phone
Address		Relationship	

I am applying for the following position(s):  
 CNA     PCA     LPN     RN     Other \_\_\_\_\_

I am willing to work with  Children     Elderly     Both.

Have you ever worked for Freedom Home Care before?	If yes, please give dates and reason left.
<input type="checkbox"/> yes <input type="checkbox"/> no	

Have you ever been convicted of a felony?	If yes, please provide details.
<input type="checkbox"/> yes <input type="checkbox"/> no	

**Transportation:** Many caregiver positions require the caregiver to transport a client.

Do you have your own vehicle?	Make and model car
<input type="checkbox"/> yes <input type="checkbox"/> no	

<b>Availability &amp; Salary Requirement</b>			
<input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> On-Call	<b>Salary Requirement Per Hour:</b> \$ _____	Are you willing to work overtime as necessary? <input type="checkbox"/> yes <input type="checkbox"/> no  Only U.S. Citizens or aliens who have a legal right to work in the U.S. are eligible for employment. Can you, upon employment, submit documentation verifying your legal right to work in the U.S. and your identity? <input type="checkbox"/> yes <input type="checkbox"/> no	
Number of hours you would like to work per <b>DAY</b>	Number of hours you would like to work per <b>WEEK</b>	Times you are available to work	Any times <b>not</b> available to work
Can you be called at the last minute in case of an emergency?		Comments	

How did you hear about this position? (Please specify the name of newspaper, agency, etc.)

- Newspaper: \_\_\_\_\_  Other: \_\_\_\_\_
- Employee Referral: \_\_\_\_\_  Job Fair: \_\_\_\_\_
- Agency: \_\_\_\_\_  School/College: \_\_\_\_\_

**Skills** Please indicate whether you have assisted with or performed the following tasks.

**Homemaker Tasks**

Clean Bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery Shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean Kitchen	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no

**Elder Care**

Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Bathing/Dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Transfer Assist	<input type="checkbox"/> yes <input type="checkbox"/> no
Medication Reminders	<input type="checkbox"/> yes <input type="checkbox"/> no	Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Bed Bound	<input type="checkbox"/> yes <input type="checkbox"/> no

**Child Care**

Bathing/Dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Diapering	<input type="checkbox"/> yes <input type="checkbox"/> no	Preparing Meals	<input type="checkbox"/> yes <input type="checkbox"/> no
Potty Training	<input type="checkbox"/> yes <input type="checkbox"/> no	Bottle Feeding	<input type="checkbox"/> yes <input type="checkbox"/> no	Administer Medication	<input type="checkbox"/> yes <input type="checkbox"/> no

**Education**

High school	City/State	Graduation Date
College	City/State	Dates
Other	City/State	Dates

**CNA Certificate**

Georgia Nurse Aide Registry # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**LPN License**

License # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**CPR/First Aid Certification Circle: ADULT INFANT BOTH**

Certification # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Degrees/certificates

Special skills or courses

**Elder Care Experience**

**ANSWERS ARE REQUIRED FOR ALL QUESTIONS!!**

Discuss any training or experience working with the elderly (i.e. Alzheimer's, Bed-Bound, Hospice, Mentally Handicapped)

What would you like most about working with the elderly?

What would you like least about working with the elderly?

**Child Care Experience**

**ANSWERS ARE REQUIRED FOR ALL QUESTIONS!!**

Discuss any training or experience working with children.

What would you like most about working with children?

What would you like least about working with children?

### Employment History

**FIVE YEARS OF EMPLOYMENT HISTORY IS REQUIRED.  
PLEASE FILL OUT COMPLETELY.**

Start with the most current employer and work backwards. Attach separate sheet if you need more space.

May we contact your current employer?  yes  no

<b><u>Most current Company</u></b>	From	To
------------------------------------	------	----

Job title	Reason left
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Duties
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Supervisor	Phone	Hourly Rate/Salary Starting:          Ending:
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<b><u>Company</u></b>	From	To
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Job title	Reason left
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Duties
--------

Supervisor	Phone	Hourly Rate/Salary Starting:          Ending:
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<b><u>Company</u></b>	From	To
-----------------------	------	----

Job title	Reason left
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Duties
--------

Supervisor	Phone	Hourly Rate/Salary Starting:          Ending:
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<b><u>Company</u></b>	From	To
-----------------------	------	----

Job title	Reason left
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Duties
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Supervisor	Phone	Hourly Rate/Salary Starting:          Ending:
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Explain any gaps in work history here.
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What personal qualities or assets do you have that would make you a valuable employee?

In order to permit a check of your work and educational records, should we be made aware of any change of name or assumed name that you previously used?  yes  no If yes, identify name and relevant dates:

Name:	Relevant Date:
Name:	Relevant Date:
Name:	Relevant Date:
List any relatives who are currently employed by us:	
Name:	Relationship
Name:	Relationship
Name:	Relationship

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I also understand that I am required to abide by all rules and regulations of Freedom Home Care. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that a Drug-Free Workplace program is in effect and that a positive result for the drugs tested may be grounds for termination.

I understand that if I am hired I will be subject to a ninety (90) day introductory period.

Signature	Date
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# Employee Personal Reference Check

## Applicant Authorization

Applicant Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Cell Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

## For Company USE Only!

How long have you known the applicant? \_\_\_\_\_

In what manner have you been associated?  Personal  Professional  Other: \_\_\_\_\_

Does this person get along well with friends & associates?  No, Explain \_\_\_\_\_  Yes .

As a potential employee for our company; what might this person's strong points be? \_\_\_\_\_

\_\_\_\_\_

Any weak points? \_\_\_\_\_

What quality of care giving does this person possess? \_\_\_\_\_

\_\_\_\_\_

Has this person provided care for anyone that you know of?  Yes  No

Additional comments: \_\_\_\_\_

\_\_\_\_\_

Please rate the performance of your potential employee in the following categories with a ✓.

	<b>Exceeded Expectations</b>	<b>Met Expectations</b>	<b>Below Expectations</b>
Communication	_____	_____	_____
Punctuality/Attendance	_____	_____	_____
Dependability	_____	_____	_____
Attitude	_____	_____	_____
Initiative	_____	_____	_____
Dress/Grooming/Appearance	_____	_____	_____

Checked by: \_\_\_\_\_ Date: \_\_\_\_\_