



Hiring Date _____/_____/_____

Employment Application

Home Health Aide / Personal Care Aide

General Information

Please print in ink

 Name: Last First Middle Today's Date

 Current Address: Street Home Telephone

 City State Zip Code Daytime Telephone

 Date of birth Social Security

 Email address

 Position(s) desired Caregiver Nursing Other _____ Date Available to start _____
 Expected Pay Rate _____

Date of availability	Preferred Work Schedule		
Monday	Day _____	Evening _____	Night(overnight)
Tuesday	Day _____	Evening _____	Night(overnight)
Wednesday	Day _____	Evening _____	Night(overnight)
Thursday	Day _____	Evening _____	Night(overnight)
Friday	Day _____	Evening _____	Night(overnight)
Saturday	Day _____	Evening _____	Night(overnight)
Sunday	Day _____	Evening _____	Night(overnight)

 Are you permitted to work in the United States on a regular basis (i.e. other than temporary)?

Have you been convicted of a crime in the last 7 years? Yes _____ No _____

 (Conviction will Not necessarily be a disqualification for employment.)

Are you legally eligible for employment in this country? Yes _____ No _____

If considered for hired will you agree to provide a criminal Background Check? Yes _____ No _____

If considered for hired will you agree to provide a driver abstract? Yes _____ No _____ N/A _____



Education

	Completed (Y/N)	Major	From Mo./Yr	Degree Received
High School/ Equivalent				
Additional Education				

Professional

Professional Licensure(s)/Registration(s)/Certification(s)	State	Number	Yr. Received	Date of Expiration
Professional Associations				

Employment History

Time Employed (Mo. & Yr.) From _____ To _____	Employer's Name
Job Title	Employer's Address
Position Responsibilities	
Supervisor's Name & Title	Phone No.
Reason for Leaving	
Time Employed (Mo. & Yr.) From _____ To _____	Employer's Name
Job Title	Employer's Address
Position Responsibilities	
Supervisor's Name & Title	Phone No.
Reason for Leaving	

Applicant's Signature _____ Date _____

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

YOUR STATE Residency Verification

- I have been a resident of YOUR STATE for the past five years. (BCI check required)
- I have NOT been a resident of YOUR STATE for the past five years. (BCI and FBI check required)

Signature

Date



AVAILABILITY LIST

Employee Name: _____

Phone # _____ Cell phone # _____

DATE OF HIRE (date of orientation): _____

Are you available to work overtime if required? Yes _____ No _____

Are you available to be on call when required? Yes _____ No _____

I am available at the following days and / or hours:

AVAILABLE	FROM	TO
Mon		
Tues		
Weds		
Thurs		
Fri		
Sat		
Sun		

ONLY circle county's you are willing to travel to

County's				
Marion	Howard	Decatur	Madison	Posey
Hamilton	Carroll	Bartholomew	Delaware	Perry
Johnson	Clinton	Brown	Vanderburgh	Dubois
Morgan	Hancock	Jackson	Posey	Pike
Brown	Shelby	Rush	Spencer	Warrick

Home Health Aide/Caregiver:

Reports to: Residential Manager/Director/Owners

Job Summary: The home Health aid/Caregiver must be patient, and friendly with excellent communication skills. You must be able to follow instructions and perform a variety of task to help clients.

- Assist resident with Walking, moving, bathing, toileting, dressing, eating.
- Ensure residents are receiving ongoing supervision
- Support patients by providing housekeeping and laundry services; shopping for food and other household requirements; preparing and serving meals and snacks; running errands.
- Take out garbage
- Provide medication reminders.
- Engage in physical and mental exercises
- Escort patient to required activities
- Participate/engage In events, games and activities
- Companionship and conversation
- Assist resident with self-administration medication
- Responsible to assist resident during fire drills
- Perform a variety of duties as requested by client.
- Assist throughout the night
- Provide cleanliness, and housekeeping.
- Maintain records of patient
- Maintain a safe, secure, and healthy patient environment.

Requirements

- Proven experience as a caregiver
- Excellent knowledge of emergency response and first aid (CPR) Must have certification
- Knowledge of housekeeping activities and cooking.
- Willingness to adhere to health and safety standards
- Respectful and compassionate
- Good Time Management skills
- Valid Driver License
- Outstanding communication and interpersonal skills
- Strong ethics
- High School Diploma or equivalent

I have read and understand the duties of the Home Health Aid position and Additional Responsibilities.

Employee Name _____

Signature _____ Date: _____



Attestation and Agreement

to Notify Employer

I hereby attest that I have not been convicted of or pleaded guilty to any of the disqualifying offenses listed below and agree that I will notify ___YOUR COMPANY _____ (Employer's Name) within 14 calendar days, if while employed I am formally charged with, am convicted of, or plead guilty to one of the disqualifying offenses. I understand that failure to make this notification may result in termination of employment.

(Applicant's Signature)

(Date Signed)

(Applicant's Name Printed)



Equal Employment

Opportunity (EEO)

Qualified applicants are considered for employment without regard to race, religion, gender, national origin, age, marital status, veteran status, disability, or other protected characteristic. Furthermore, this employer is a government contractor and, as such, is committed to taking affirmative action to employ qualified females, minorities, disabled individuals, special disabled veterans, and veterans of the Vietnam era.

In order to help us comply with federal/state equal employment opportunity recordkeeping and reporting requirements, we request that you answer the following questions. **Completion of this form is VOLUNTARY on your part and will not preclude you from employment consideration.**

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code: _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one) Female Male

Race/Ethnic Identification (check one)

American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America.

Asian or Pacific Islander – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands.

Black (not of Hispanic origin) – All persons having origins in any of the Black racial groups of Africa.

Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

White (not of Hispanic origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Disability Identification (check if applicable)

Do you wish to identify yourself as an individual with a disabling condition and be considered under our Affirmative Action Plan? Yes No

Veteran Identification (check if applicable)

Do you wish to identify yourself as a Special Disabled Veteran or a Vietnam-era veteran and be considered under our Affirmative Action Plan? Yes No

Are you a "Special Disabled Veteran"? Yes No

Definition: "Special Disabled Veteran" means (i) a veteran of the U.S. military ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under the laws administered by the Department of Veterans Affairs for disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106, to have a serious employment handicap; or (ii) a person who was discharged or released from active duty because of a service-connected disability.

Are you a Vietnam-era Veteran? Yes No

Definition: "Veteran of the Vietnam-era" means a person who served on active duty in the U.S. military ground, naval, or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975, or (B) between August 5, 1964, through May 7, 1975, in all other cases.

I Elect not to Identify

Applicant's Signature

Date

Background Processing Form

Employee _____

Background submitted on: _____

Background returned on: _____

Background has been reviewed and is on locked file.

Employee is approved to continue hiring process: YES NO

If No is checked off, Administrator is to notify the applicant that we have ceased the hiring process. You may have the applicant contact the Administrator to discuss this issue if they desire to do so.

Authorizing Administrator or designee: _____



Payroll Deduction authorization

Form

Today, Date: _____

Effective Date: _____

Employer Name: **IN TOUCH HOME CARE SOLUTIONS**

Employee Name: _____

Employee Social Security Number: _____

Type of Deduction	Total requested amount	Deduction amount per pay period	Deduction start date	Employee Initial	Acceptance Date	Administration Initial

I hereby authorize YOUR COMPANYLLC to make the above deductions from my pay in accordance with the above terms. I understand and agree that I am responsible for satisfying the above amounts. I understand and agree that any amount that is due and owing at the time of my termination, regardless of whether my termination was voluntary or not, will be deducted from my last paycheck or any other amounts that may be owed to me. This authorizes my employer to retain the entire amount of my last paycheck in compliance with the law. I further understand and agree that deductions will be made after any mandatory taxes as well as for any employer programs in which I have enrolled, for which I am eligible, or to which I have agreed.

Employee Signature: _____ Date: ____/____/____