

HEART2HEART

Home Care Services

CANDIDATE APPLICATION FOR EMPLOYMENT

Application Date: ____ / ____ / ____

Division: _____

Admin: _____

First Name: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Date of Birth: Month ____ / Day ____ / Yr ____

SSN#: ____ - ____ - ____ Gender: Male Female Phone: _____

Email: _____ Primary Language Spoken: _____

Applying For:

☐ PCA - Personal Care Assistant ☐ HR/Management ☐ Registered Nurse ☐ CNA

Other Position: _____ Minimum Hourly Wage Requirements: \$ _____ /Hour

EDUCATION & CERTIFICATIONS

G.E.D.: _____

High School Diploma: _____

College: ☐ Some College ☐ 2yr Degree ☐ B.S. / B.A. ☐ Masters

Other: _____

☐ CPR Certification ☐ Basic First Aid (State Level)

☐ Food Safety Course Other: _____

AVAILABILITY & WORK ENVIRONMENT

Work Availability (Days and Times): _____

What Type of Experience do you have? (In-Home, Hospital, Nursing Home): _____

Work Limitations (Hearing, Lifting, Speech, etc.): _____

Do You Own a Vehicle? ☐ Yes ☐ No Are you a smoker? ☐ Yes ☐ No Can you work with smokers? ☐ Yes ☐ No

Can you work with clients who have pets? ☐ Yes ☐ No

Are you willing to transport clients in your own personal vehicle? ☐ Yes ☐ No

Are you willing to transport clients in the client's personal vehicle? ☐ Yes ☐ No

Do you have active and full vehicle insurance coverage? ☐ Yes ☐ No

Willing to do light housekeeping, meal preparation, laundry and provide medication reminders? ☐ Yes ☐ No

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DOCUMENTS NEEDED BEFORE YOU START WORK

- SC Driver's License (Color Copy)
- Social Security or A Birth Certificate or Passport
- Car Registration - Need updated ones when they expire
- Car Insurance - Need updated ones when they expire
- SLED Background Check (Online) - Every 3 years
- 10 Year Driving Record - Every 3 years
- New Hire Health Exam
- New Hire Drug Screen

If you have any certifications (CNA, First Aid, CPR, etc.), please bring those too, and we will make copies.

EMPLOYMENT REFERENCES

Company #1:

Company: _____ City: _____ State: _____

Position(s) Held: _____ Supervisor: _____

Employment Dates: From: Month _____ Year _____ To: Month _____ Year _____

Company #2:

Company: _____ City: _____ State: _____

Position(s) Held: _____ Supervisor: _____

Employment Dates: From: Month _____ Year _____ To: Month _____ Year _____

CHARACTER REFERENCES

Name: _____ Phone: _____

Relationship: ☐ Friend ☐ Co-worker ☐ Other Non-Relative: _____

Name: _____ Phone: _____

Relationship: ☐ Friend ☐ Co-worker ☐ Other Non-Relative: _____

BACKGROUND QUESTIONS

Have you ever been convicted of a felony? ☐ No ☐ Yes, if so, please explain below:

Have you ever been investigated for abuse, neglect, or domestic violence? ☐ No ☐ Yes, if so, please explain:

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APPLICANT CERTIFICATION & AUTHORIZATION

I certify that to the best of my knowledge, the answers given above are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, personal references and any other individuals or organizations to provide information to HEART2HEART and I hereby release and discharge any of the above and HEART2HEART from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary. I also agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional, upon successful completion of a clean background check and substance abuse screening test, as part of the Agency's pre-employment policy. I understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States. I also understand that as an employee, I will be subject to participating in random drug screenings as a part of the Agency's drug policy.

Signature: _____

Date: ____ / ____ / ____

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