



Caretakers Home Health Services LLC

PRE-HIRE FORMS

2019

Pre-Hire Interview

Interview conducted by: _____ Date _____

Name: _____ Phone _____

Position applying for: _____ Possible start date: _____

Current training certificate? ___ Y ___ N If yes where from: _____

Ever worked in home care? ___ Y ___ N If yes, where _____

Currently working anywhere? ___ Y ___ N If yes, where _____

PROVIDER POLICY: we cannot hire individuals with convictions listed as unemployable by the state. Would anything be likely to show up on their Criminal History check to prevent us from hiring?
___ N ___ Y

DIRECT CARE STAFF INTERVIEW (PRE-Screening) Question work history, explain structured environment and ask problem solver, open ended questions, (document responses)

1. What would you do if you arrive at a Client's home and he/she refused to let you in?
Brief verbal response: _____

2. What would you do if your Client fell and insists that you do not call for help and insists that they are ok?
Brief verbal response: _____

3. How long do you think it is okay to hold onto paperwork for a Client?
Brief verbal response: _____

4. How do you feel about scheduling an elderly Client's visit at 8 pm?
Brief verbal response: _____

5. How would you respond if the supervisor gives you a written warning for something they has discovered happened?
Brief verbal response: _____

GEORGIA CRIMINAL HISTORY AFFIDAVIT
Caretakers Home Health Services LLC

I _____, acknowledge that I have been informed by Caretakers Home Health Services LLC that a criminal history check will be performed on my name or any previous names used. I have informed this provider of all names (i.e., maiden name, aliases) that I have used in the past. I acknowledge that I have been employed conditionally and that my employment is pending the results of the criminal history check.

I attest that I have not been convicted of any of the following, which are a permanent automatic bar to employment by this provider:

- A violation of Code Section 16-5-1, relating to murder and felony murder
- A violation of Code Section 16-5-21, relating to aggravated assault
- A violation of Code Section 16-5-24, relating to aggravated battery
- A violation of Code Section 16-5-70, relating to cruelty to children
- A violation of Code Section 16-5-100, relating to cruelty to a person 65+ years
- A violation of Code Section 16-6-1, relating to rape
- A violation of Code Section 16-6-2, relating to aggravated sodomy
- A violation of Code Section 16-6-4, relating to child molestation
- A violation of Code Section 16-6-5, relating to enticing a child for indecent purposes
- A violation of Code Section 16-6-5.1, relating to sexual assault against persons in custody, detained persons, or patients in hospitals or other institutions
- A violation of Code Section 16-6-22.2, relating to aggravated sexual battery
- A violation of Code Section 16-8-41, relating to armed robbery
- A violation of Code Section 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person
- Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses, the Provider will not be able to hire me.

Other Names Used: _____

Employee Signature _____

Date _____

License Verification

Employee: _____ Social Security#: _____

LICENSE CHECK: All licensed professionals must produce their current professional license. Verify that the licensee is listed as “in good standing”. The online statement must be printed and placed in their personnel file along with a copy of the current license.

GA professionals: <https://www.ncsbn.org/43.htm>

Professional Licensure checked online: YES

Is professional’s license listed as “in good standing”? YES NO

Print the online screen

(Attach the findings to this form and file in the personnel file folder)

Staff conducting pre hire screening Signature

Employment Application

Availability: check all that you could work						
Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Day hours	Evening hours (5-9P)	Nights (9P-12 MN)	overnights	live-in		

Date of Application: _____ Date Available: _____ Position Applying For: _____
 Type of Employment Desired: Per Diem # of Hours: _____ PT # of Hours: _____ FT #of Hours: _____

 Last Name First Name Middle Initial

 Mailing Address City State Zip Code

 Home Phone Number Cell Phone Email address

 Language skills other than English (written/spoken)

Have you ever been employed here before? Yes or No If yes, when? _____
 Are you legally eligible for employment in the US? Yes No
 If not legal citizen: Do you have a green card? Yes No
 Do you have a social security card? Yes No
 Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check) Newspaper Ad _____ Internet _____
 Which newspaper? Which site?
 Current Employee _____
 We'd like to thank them
 Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____
 Relationship: _____
 Home Phone Number: (_____) _____
 Work Phone Number: (_____) _____
 Cell Phone Number: (_____) _____

Caretakers Home Health Services LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Caretakers Home Health Services LLC

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Education Name & Location Course of Study Years Completed Date Graduated
High School: _____
College: _____
Other: _____
Other: _____
Military Service
Branch of Service: _____ Dates of Service: _____
Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the provider permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date

Reference Form #1

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Caretakers Home Health Services LLC

Name: _____ Social Security # _____

Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date of signature _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

Caretakers Home Health Services LLC
251 Cornwall Street, Brunswick, GA 31525
(912) 248-6082 FAX:

** If reference was contacted by phone, provider staff will document & sign/date encounter on backside of this page.

Reference Form #2

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Caretakers Home Health Services LLC

Name: _____ Social Security # _____

Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date of signature _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

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Signature/Title of Reference

Date

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W 4