

**Caring Heart Companions, Inc.**

Application for Employment

Our consumers receive service 24 hours a day, 7 days a week

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Driver's Lic. # \_\_\_\_\_

Any former names used (if applicable) \_\_\_\_\_

Position You Are Applying For:

<input type="checkbox"/> Personal Care Aide	<input type="checkbox"/> RN
<input type="checkbox"/> LPN	<input type="checkbox"/> Administrative
<input type="checkbox"/> CNA	<input type="checkbox"/> Other

What are the maximum hours per week you will work? \_\_\_\_\_  
The least? \_\_\_\_\_

Are you certified in CPR? \_\_\_\_\_ First Aide? \_\_\_\_\_

Do you have transportation available? \_\_\_\_\_  
How many miles are you willing to travel on a daily basis? \_\_\_\_\_

Any employee using an automobile during their course of employment is required to provide proof of current automobile insurance. Do you have current automobile insurance?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been employed by Caring Heart Companions? \_\_\_\_\_  
How did you hear about positions available at Caring Heart Companions? \_\_\_\_\_

Are you legally authorized to work in the United States? \_\_\_\_\_ (if hired, verification will be required consistent with federal law).

If you are under age 18, please state your age. \_\_\_\_\_ (over 18, please skip question).

EDUCATION – Circle Highest Grade Completed  
High School 7 8 9 10 11 12 College 1 2 3 4 Other \_\_\_\_\_  
Degree, Diploma or Certificate \_\_\_\_\_ From \_\_\_\_\_

(AT LEAST 5 YEARS)  
EMPLOYMENT HISTORY (Most recent first)

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ Describe Duties \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ Describe Duties \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**Employer** \_\_\_\_\_ Address \_\_\_\_\_

Supervisor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Position Held \_\_\_\_\_ Describe Duties \_\_\_\_\_

Dates Employed \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Have you ever been convicted of a felony, multiple misdemeanors, or child abuse? Note: This question does not apply to convictions that have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the positions(s) for which you are applying may be taken into consideration. Yes \_\_\_ No \_\_\_ If "yes," please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s). If the position for which you are applying falls under specific state law requirements for conducting background checks, then those requirements will also be followed.

\_\_\_\_\_

\_\_\_\_\_

Professional References (Not related to you and that you have known for at least one year).  
(Individual who can attest to your ability to perform this job.)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Applicant's Statement

I understand that this application is not a contract, offer or promise of employment. By filling out this application, I am genuinely interested in working for Caring Heart Companions, and I understand that an offer of employment may be subjected to receipt of satisfactory reports and the accuracy of all pre-employment information that I have supplied.

I understand that any employment relationship with this employer is "at will," which means that the employee may resign at any time and Caring Heart Companions, Inc. may discharge the employee at any time, with or without cause or advance notice. I understand that this at-will employment relationship may not be changed by any written document or by any behavior. I understand that, if employed, I will be subject to a two month probationary basis. I understand that successful completion of the probationary period does not alter my at will employment relationship.

If employed, I agree to abide by the workplace policies and rules of Caring Heart Companions, Inc. consistent with applicable federal, state, and local law. I understand that Caring Heart Companions, Inc. has complete discretion to modify its policies, rules and practices at any time, to the extent allowed by federal or state law, except that it will not modify its policy of employment at-will. By my continued employment with Caring Heart Companions, Inc. I consent to any changes.

If employed, I agree to notify Caring Heart Companions, Inc. of any changes in my address and/or telephone number.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this application may result in denial of employment, or if employed, my immediate termination.

I hereby authorize Caring Heart Companions, Inc. or its agents to verify all statements contained in this application and/or resume I may submit, to the extent permitted by federal, state and local law. To the extent permitted by federal, state, or local law, I release all parties from any liability arising out of this provision and the use of such information.

I understand that independent on the job position and in accordance with applicable state requirements, I will be required to pass a communicable disease test after a conditional offer of employment is made.

I understand that Caring Heart Companions, Inc. has a drug and alcohol-free workplace, including a drug and alcohol testing program consistent with applicable federal, state and local law. I acknowledge that if a conditional offer of employment is made to me, I may be asked to submit to a pre-employment (post offer) drug and/or alcohol test. I understand that if a pre-employment (post offer) drug and/or alcohol test is positive; the employment offer may be withdrawn. I agree to work under Caring Heart Companions' Inc. conditions requiring a drug and alcohol-free workplace. I also understand that, pursuant to federal, state, or local law, all employees may be subject to drug and/or alcohol testing as a condition of continuing employment, and I agree to undergo such testing consistent with the Caring Heart Companions, Inc. policy and applicable federal, state, or local law.

By signing below I consent to these procedures and acknowledge that I have read, understand and agree to the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Caring Heart Companions, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, sex, age, national origin, ancestry, disability, military status, or any other protected characteristic under Federal, State or Local law.



## Non Discrimination Policy Statement

It is the policy of Caring Heart Companions Inc to provide services and perform employment actions to all persons without regard to race, color, national origin, religion, sex or gender, gender identity, sexual orientation, military or veteran status, age, or disability. No person shall be excluded from participation in, or be denied the benefits of, any service; or be subjected to discrimination in hiring practices because of race, color, national origin, religion, sex or gender, gender identity, sexual orientation, military or veteran status, age, or disability.

**Complaint of Discrimination and Policy & Procedure:** This policy statement complies with the Civil Rights Act, Title VI (45 CFR part 80.7 (b)) and section 504 of the Rehabilitation Act of 1973 (45 CFR part 84.7 (b)). If you feel that you have been denied a benefit or service because of your race, color, national origin, age, sex or gender, gender identity, sexual orientation, military or veteran status, disability, or religion, you may file a Complaint of Discrimination with the Facility Administrator of Caring Heart Companions, either verbally or in writing. A written response will be issued to you within 21 days of the complaint notice.

You may also file a complaint with an external agency. If you choose to file your complaint in writing, you must include your name, address, telephone number, and a brief description of what occurred which led you to believe you were discriminated against. If you need assistance, the Facility Administrator of Caring Heart Companions will be able to assist you.

You may also file a Complaint of Discrimination by calling or writing the external agency listed below.

**Name: Pennsylvania Commonwealth of, Health Department of, Deputy Secretary For Administration, Office of Equal Opportunity**

Street:

Harrisburg, PA 17101-

Phone: (717) 783-6514

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Signature

DATE



**PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION**

I, \_\_\_\_\_, understand that as part of the employment process, Caring Heart Companions needs to complete a background check on me regarding:

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|--------------------------------------|--|
| 1. Criminal record;                  | 6. Motor Vehicle Records;                        |
| 2. Sex and Violent Offenders Record; | 7. Personal/Professional Reference Verification; |
| 3. Employment Verification;          | 8. Medical Suitability                           |
| 4. Education Verification;           | 9. Drugs/Alcohol                                 |
| 5. License Verification;             |  |

- I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to Caring Heart Companions or its authorized agent(s).
- I understand that this authorization is to be part of the written and signed employment application.
- I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- I further authorize that a photocopy of this authorization may be considered as valid as the original.
- I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with Caring Heart Companions is contingent upon successful completion of a background check.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

Full Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Former Name(s) and Date(s) used: \_\_\_\_\_

Current Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Current Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)

City	State	From: Month/Year	To: Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Interview Guideline Questions

1. Why do you wish to do this kind of work?  

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2. What experience or training do you have for this work?  

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3. What hours or shifts or days will you be able to work? This includes can you work night shifts and weekends, or maybe in a pinch, a double shift?  

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4. What are the maximum miles you would be willing to drive to your client one way? \_\_\_\_\_
5. Tell me something about your life and what your goals are for the future.  

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6. Do you get along with co-workers? \_\_\_\_\_
7. How well do you handle stress? \_\_\_\_\_
8. Do you have experience with the tools of ambulation and how they work, such as a wheel chair, a gait belt, a Hoyer lift or butt board? \_\_\_\_\_
9. Are you able to clean some one else's teeth be it real or false? \_\_\_\_\_

10. Can you help with toileting and make sure the client is clean and soiled clothes are changed. Get the client up for the day and they are bathed and hair washed and dressed for the day? \_\_\_\_\_
11. Are you a good cook and know how to prepare good balanced meals? \_\_\_\_\_
12. Are you allergic to animals and do you know how to care for them as in scooping the litter and letting the dog out to do its' business? \_\_\_\_\_
13. Are you a good house keeper and know and able to do the daily routine of sweeping, cleaning, laundry, and all other daily chores? \_\_\_\_\_
14. Do you have a valid driver's license and reliable transportation with the proper insurance to go to doctor's visits, shopping or other needs? \_\_\_\_\_.
15. Do you have any physical or mental handicaps that might hinder your ability to do the job effectively? \_\_\_\_\_
16. What was the reason that you left your previous employment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please note that these questions are for the sole purpose of Caring Heart Companions getting to know you. We wish to be able to pair you up with a client that the match up not only works for them, but also you. We pride ourselves in doing so, but at times we miss. Once placed with one client or more we want it to be a lasting relationship. These questions are relevant in our ability to be able to do so. These papers will be kept in the strictest of confidence.

Applicant (print) \_\_\_\_\_ Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Caring Heart Supervisor \_\_\_\_\_ Date \_\_\_\_\_