

Allied Home Health Care, Inc

Employment Application

Availability: check all that you could work

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Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Day hours	Evening hours (5-9p)	Nights (9P-12MN)	Overnights	Live-in		

Date of Application: _____

Date Available for Employment: _____

Position Applying for: _____

Type of Employment Desired:

Per Diem

Number of Hours: _____

Part Time

Number of Hours: _____

Full Time

Number of Hours: _____

Last Name

First Name

Middle Initial

Mailing Address

City

State

Zip Code

(____) _____
Home Phone Number

(____) _____
Cell Phone Number or

(____) _____
Work Phone Number

Email Address _____

____/____/____
Social Security Number

Language skills other than English (written/spoken)

Date Of Birth

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

REFERAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____
Which newspaper?

Internet _____
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: (____) _____

Allied Home Health Care is 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.

Allied Home Health Care, Inc

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
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 and Certification	ID Number	Expiration Date	State
1.			
2.			
3.			

Criminal History

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 agency 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

Allied Home Health Care, Inc.

CORI Request Form

CHAPTER 6, § 172 C CORI REQUEST FORM

Allied Home Care, has been certified by the criminal History Systems Board to all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172 C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly person or disabled person or who will have and direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE SIGNATURE (unless otherwise preempted by law)

APPLICANT/EMPLOYEE INFORMATION (PLEASE TYPE)

MAIDEN NAME OR ALIAS (IF APPLICABLE)

PLACE OF BIRTH

DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____ ID theft index PIN (if applicable)
(Requested but not required)

MOTHER'S MAIDEN NAME: _____

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____ (include state of issue)

OFFICE USE ONLY

* THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

REQUESTED BY:

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

CORI Processing Form

Employee: _____

CORI submitted on: _____

CORI returned on: _____

CORI 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: _____

Educational Verification & Medicare/Medicaid Fraud Check

Employee: _____ Social Security #: _____

All professionals (HHA, PCA and HMK) must have the Nurse Aide Registry Check done prior to orientation being scheduled. This is NOT optional if it is a law in MA state and MUST be done before hire. Call the MA Nurse Aide Registry phone number 617-753-8192 for MA candidates.

For all other states, check the following website for phone numbers:

http://www.dads.state.tx.us/providers//NF/credentialing/nar/form_2_states_lst.pdf

Nurse Aide Registry Check called on: _____ by _____

Nurse Aide Registry Check returned on and placed in HR file: Yes by _____
(Attach the findings to this form and file in the Manila folder)

All licensed professionals must produce their current professional license and you must also check their credentials online to see if in fact 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 presented.

MA professionals: <https://checklicense.hhs.state.ma.us/MyLicenseVerification/>

Professional Licensure checked online:

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

Have you printed the online screen and placed it in personnel file: YES NO

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

Medicare requires that every employee has been checked through the Medicare/Medicaid Exclusions Site at: <http://exclusions.oig.hhs.gov/> Has this been checked: YES NO

Have you printed the online screen and placed the findings in the personnel file: YES

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

Person conducting pre hire screening: _____

1st Interview

Interview conducted by: _____ Date: _____

Date of inquiry: _____

Name of interested caller: _____

Address: _____
Street City State Zip

Phone: _____

Email Address: _____ (2> _____

Requesting info on which position _____

If HHA, do they have current certificate _____

PCA's should take a PC A Training Course

If Hmk do, they have any proof of work in that capacity? _____ (need 40 hours of verifiable work as homemaker)

Has caller ever worked in home care? _____ If yes, where _____

Is caller currently working anywhere? _____ If yes, where _____

Would caller be interested in per diem work with us? _____

If yes, when could they be available to do orientation? _____

Our pay rate is \$14/hour for HHA' \$12/hour for HMK/PC

Are these rates acceptable? _____ Yes _____ No

Our policy is that we cannot hire convicted felons. Would anything be likely to show up on their CORI to prevent us from hiring? _____

Orientation is a 4-hour session for all employees. Direct care staff have an additional 4 hours of orientation.

If the above is agreeable to both agency and the caller, please ask the caller to come in to fill out an application and CORI form. They will be called for orientation scheduling once the approved CORI comes back from the State.

Availability List

Employee Name: _____

Phone: _____ Cell: _____

Date of Hire (Date of Orientation): _____

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

AVAILABLE	FROM	TO
Mon		
Tues		
Weds		
Thurs		
Fri		
Sat		
Sun		

ONLY write down towns you are willing to travel to

Statement of Driving Status

I, _____, am currently licensed to drive a motor vehicle in the state of MA,

I carry auto insurance on my vehicle and I have been told during the orientation that it is not the policy of Allied Home Health Care to have me drive my vehicle with my client. I understand that if I violate this policy, my employment with the Agency may be terminated; and further, I agree to indemnify Allied Home Health Care from any liability/accident that occur during my scheduled visits.

I, _____, declare that I do not have a driver's license in the state of MA but I do have access to public transportation and/or other forms of transportation to get to my scheduled visits.

Signature _____ Date _____

Signature _____ Date: _____

Allied Home Health Care

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 another 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. This detachable form will be kept in a confidential file separate from your application for employment.**

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 there from 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.

Employee Signature

Date

Reference Form

Who should we send this to: _____

Address: _____

Phone: (____) _____

The individual listed below has applied for a position with Allied Home Care

Name: _____ Social Security Number: _____ - _____ - _____
 Last First Middle

The position being applied for is: _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERRAL

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				
Reliability				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Signature of Reference _____ Title _____ Date _____

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: _____

For Office Use, Only

COMMENTS: _____

Designated Allied Employee Signature

Title

Date

Reference Form

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