



NEW HIRE APPLICATION

INSTRUCTIONS: If you need help filling out this application form please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for staffing with us, an independently owned and operated Residential Service Agency. This is not an offer for employment, yet staffing with our Agency contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after your assignment begins, terminating staffing with our Agency. All qualified applicants will receive consideration and will be treated throughout their staffing with our Agency without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to staffing with our Agency.

PERSONAL INFORMATION

Today's Date: _____

Positions(s) Applied For: Check all that apply. HHA _____ CNA _____ GNA _____ CMT _____ LPN _____ RN _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact(s): _____ (____) _____
Name Phone

Name Phone

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

Make & Model of Vehicle: _____ Year of vehicle: _____

Auto In Co: _____ Policy # _____ Exp Date: _____

**In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto*

insurance. A motor vehicle record check will be conducted and proof of insurance will be required.

Have you ever been employed here before? **Yes / No** If yes, when? _____

How did you hear about our Agency? _____

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes / No**

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

_____ Mornings _____ Afternoon _____ Evenings _____ Overnights _____ Weekdays _____ Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift	From:							
	To:							

PREFERENCES

Please indicate all areas of the city in which you are willing to work:

___ Baltimore ___ Baltimore City ___ Howard ___ Carroll ___ Anne Arundel ___ Montgomery___

Please indicate the types of services which you are willing to provide:

Companionship	Housekeeping (dust/vacuum)	Errands/Shopping/Transportation*
Meal Preparation	Laundry/Ironing	Personal Care
Activities (games/crafts)	Medication Reminders	Dementia/Alzheimer's Care

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: _____ Cats _____ Dogs

Are you willing to provide service to a client that smokes? Yes / No

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for a senior:

Describe any work history you have that would apply to caring for a senior: _____

What do you like (or think you would like) least about working with older adults? _____

What personal rewards have you received while providing care to clients.

EDUCATION

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? **Yes / No** If yes, may we contact? **Yes / No**

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____ Job Title Supervisor's Name

Duties

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____ Job Title Supervisor's Name

Duties

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

THIRD MOST RECENT EMPLOYER

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____ Job Title Supervisor's Name

Duties

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

As a condition of staffing with our Agency all applicants must be "Bondable"& "Insurable". Are you at least 19 years of age? **Yes / No**

List states *and* counties of residence for the past seven years:

Have you had any moving traffic violations? **Yes / No** If yes, please describe: _____

Have you been charged/convicted of a felony and/or misdemeanor/or served time **Yes / No** If yes, please describe:

<u>Incident</u>	<u>City/State</u>	<u>Charge</u>
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1) _____

2) _____

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years? **Yes or No.**

REFERENCES (Do not include relatives)

Please complete all three references. Your application will not be considered unless three references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my staffing with our Agency. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and/or motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during staffing with our Agency. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during staffing with our Agency. I understand that this application is not a contract of staffing with our Agency. My staffing with our Agency is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the relationship between Ideal Healthcare Solutions,LLC, and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this staffing with our Agency relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

Check here to agree to a MVA driving record report, criminal background check and random drug testing.

APPLICANT SIGNATURE

DATE