



### **Required Documents for Application**

All of the below items are required for Employment and are required to complete your Personnel Record.

Copies of your:

- Driver's License
- Social Security Card
- Vehicle Insurance & Registration
- Resume
- CPR Card
- Home Health Aide or CNA Certification
- HIV / Aids / Infection Control
- Alzheimer's Disease and Related Disorders Training
- Zero Tolerance
- HIPPA
- Choice & Rights
- Level 2 Background Check
- Local Background Check
- 3 References



**INSTRUCTIONS:** If you need help filling out this application form, or for any phase of the employment process, 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 questions, use the comment 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 employment with us. This is not an employment 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 employment begins you will be terminated. All qualified applicants will receive consideration, and will be treated throughout their appointment without regard to race, color, religion, sex, nationality, a region, age, disability, or any other protected class status under applicable law.

**PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

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

Previous Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

Emergency Contact Name & #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

State Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_



Year of Vehicle: \_\_\_\_\_

Auto Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Have you ever been employed here? Yes / No

If yes, when? \_\_\_\_\_

How did you hear about Heart of Gold Health Care?

\_\_\_\_\_

Have you been given a copy of the job description for the position for which you have applied for? Yes/ No

Why are you interested in employment with us? \_\_\_\_\_

**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:

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:

\_\_\_ Melbourne \_\_\_ Palm Bay \_\_\_ Rockledge \_\_\_ Cocoa \_\_\_ Titusville \_\_\_ Orlando



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

Companionship	Housekeeping	Errands/Shopping/Transportation
Meal Prep	Laundry/Ironing	Personal Care
Activities	Medication Reminders	Dementia/Alzheimer's Care

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

Are you willing to provide service to a client with a pet? Yes / No

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.

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

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What do you like (or think you would like) **most** about working with older adults?

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

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What personal reward do you get from working with seniors?

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**Education**

Please circle highest grade completed:

Grade School: 6 7 8

High School: 9 10 11 12

College:



School Type	School Name	City, State	Major/Subject	# Years 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 \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
 Salary ( Hour, Week, Month)



**SECOND 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 \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Salary ( Hour, Week, Month)

**THIRD 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 \_\_\_\_\_ Reason for Leaving \_\_\_\_\_  
Salary ( Hour, Week, Month)

**Security**



Please be sure to complete the attached authorization to do a criminal and motor vehicle background check.

As a condition of employment all employees must be "Bondable & Insurable". Are you at least 18 years of age? Yes / No

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>
1.) _____	_____	_____
2.) _____	_____	_____

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

**References(Do not include relatives)**

Please complete all 3 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 to Call	Relationship	# of Years Known
1.) _____	_____	AM/PM	_____	_____
2.) _____	_____	AM/PM	_____	_____
3.) _____	_____	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 in and belief. I understand that any false information, omission or misrepresentation of facts In this application may result in rejection of my application or discharge at any time during my employment. 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 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 employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon conformation of credentials and successful completion of drug test or criminal background check. I also understand that of hired regardless of any oral presentations to the contrary. The employment relationship between Heart of Gold Health Care, 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 employment 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 business no amount of work can be guaranteed.

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

\_\_\_\_\_  
Date





Heart of Gold Health Care

**BACKGROUND CHECK AUTHORIZATION**

I, \_\_\_\_\_ understand that as a condition of employment, Heart of Gold Health Care needs to complete a background check on me regarding:

- Criminal record
- Motor Vehicle Records
- Sex and Violent Offenders Record
- Personal/Professional Reference Verification
- Employment Verification
- Medical Suitability
- Education Verification
- Drugs/Alcohol

I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to HEART OF Gold Health Care or its authorized agent(s).

- I understand that this authorization is to be part of the written and signed employment applications .
- 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.

Full Name \_\_\_\_\_ Phone number \_\_\_\_\_

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

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

D.o.b \_\_\_\_\_ Social Security Number \_\_\_\_\_

Driver's License \_\_\_\_\_ State: \_\_\_\_\_ Exp Date \_\_\_\_\_

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

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

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 Heart of Gold Health Care is contingent upon successful completion of a background check.

Signature \_\_\_\_\_

Date \_\_\_\_\_



## PRIVACY POLICY ACKNOWLEDGEMENT FORM

I acknowledge that I have received a copy of the privacy policies from the Florida Department of Law Enforcement and the Federal Bureau of Investigation, which describe the exchange of information where criminal record results will become part of the Care Provider Background Screening Clearinghouse.

I understand and agree that I will read and comply with the guidelines contained in the privacy policies.

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Employee/Contractor Name (Printed)

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Employee/Contractor Signature

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Date

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE.

NOTICE OF:

- SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,
- RETENTION OF FINGERPRINTS,
- PRIVACY POLICY, AND
- RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you that when you submit a set of fingerprints to the Florida Department Of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state and national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified Agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you. Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours. Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor. Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities. The FBI's Privacy Statement follows on a separate page and contains additional information.