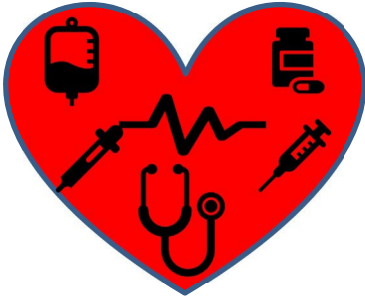


A CARING HEART HOME HEALTH CARE

In-Home and Community Care APPLICATION FOR EMPLOYMENT



Dear Applicant:

Please complete and return the employment application to **A Caring Heart Home Health Care**.

If hired, you must be able to pass a criminal background check and a drug screen. You must be at least 18 years old. If you are not able to provide proof of residency for the state of Pennsylvania for the past 2 years, you will be required to obtain FBI clearance. You will need a valid PA driver's license or PA state photo identification, and social security card. You can also present a valid passport.

We offer a \$150 sign-on bonus. The sign-on bonus is payable after 90 consecutive days of employment. If an employee resigns within twelve (12) months of employment, the sign-on bonus must be repaid.

We offer a \$50 referral bonus. The referral must be hired and remain with **A Caring Heart Home Health Care** for at least 90 days.

We thank you for considering employment with **A Caring Heart Home Health Care!**

Thank you.

Nakia L. Walls

www.acaringhearthhc.com

o. 412-408-3752 F. 412-408-3903
employment@acaringhearthhc.com

In-Home Care

APPLICATION FOR EMPLOYMENT



We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on the basis of race, color, age, religion, national origin, disability, veteran status, citizenship, ancestry, gender identity, or sex.

PLEASE PRINT

Position Applying For:		Date of Application:	Social Security Number:	
Name: Last	First	M.I.	Maiden Name (If applicable):	
Home Address: Street	City	State	Zip Code	
Home Phone:	Cell Phone:	E-mail Address:		

How did you learn about us? Advertisement Employment Agency Friend Relative Walk-In Other

Have you been employed with us before? Yes No If yes, give date(s) _____

Are you currently employed? Yes No If yes, may we contact your present employer? Yes No

FULL TIME PART TIME On what date would you be available to begin work? _____

Are you legally able to work in the US? Yes No (Proof of citizenship or immigration status will be required if hired)

Please list the areas/neighborhoods in which you agree to work. _____

I agree to work in any neighborhood in Pittsburgh

Have you ever been found or pleaded guilty nolo contendere of a criminal act (minor traffic violations are exempt)?

Yes No If yes, please explain in detail (a "Yes" response will not necessarily prevent employment.)

Have you completed a nurse's aide, personal care aide, home care aide training? Yes No

If yes, please list the name of the program and date(s) of attendance. _____

Do you have a disqualifying event that would be included in the SAMS, LEIE, or DHS MediCheck? Yes No

Do you consent to an open and closed records check? Yes No (Failure to check "Yes" will result in a denial of employment)

Are you presently employed with another In Home Service Provider or Home Health Agency? Yes No

If Yes, who is your present employer? _____

Do you have a relative(s) currently employed by us? Yes No

If yes, who? _____

Are you related either by marriage or blood to a client receiving our services? Yes No

If yes, who? _____

Have you ever been a resident of or employed in another state? Yes No

If yes, where and what date? _____

Are you able to lift, push, pull or carry up to 50 pounds and twist, bend, kneel, stoop, and climb stairs without difficulty? Yes No

This job requires consistent regular and punctual attendance; can you meet this requirement? Yes No

EMPLOYMENT EXPERIENCE

Start with your present or most recent employment. You MUST list at least 5 years employment history.

Employer Name:	Job Title:
Employer Address:	Description of Job Duties:
Supervisor/Manager Name & Phone Number:	
Dates Employed From: _____ To: _____	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	Reason for Leaving:

Employer Name:	Job Title:
Employer Address:	Description of Job Duties:
Supervisor/Manager Name & Phone Number:	
Dates Employed From: _____ To: _____	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	Reason for Leaving:

Employer Name:	Job Title:
Employer Address:	Description of Job Duties:
Supervisor/Manager Name & Phone Number:	
Dates Employed From: _____ To: _____	
Wage: \$ _____ per <input type="checkbox"/> Hour <input type="checkbox"/> Week <input type="checkbox"/> Year	Reason for Leaving:

Please explain, in detail, any gaps in your employment history:

EDUCATION	Elementary School	High School	Undergraduate College/University/Technical	Graduate School
School Name and Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4 5	1 2 3 4
Diploma/Degree				
Describe course of study				

Describe and date below, any non-paid volunteer work experience (exclude organizations, the name or character of which would indicate the race, sex, religion, national origin or disability of its members)

Have you ever had any job-related training in the United States military? Yes No

DRIVERS INFORMATION

Although not required, it is strongly recommended that you to have a dependable vehicle. Are you currently in possession of one?

Yes No

Are you currently in possession of Automobile Insurance that meets the statutory insurance requirement for the State of PA?

Yes No Is this insurance presently in effect? Yes No

Driver's License Number _____ Issuing State _____ Expiration Date _____ Class _____

REFERENCES

Please provide information on three references that are **NOT RELATED TO YOU** and are **NOT PREVIOUS EMPLOYERS**.

NAME	ADDRESS	TELEPHONE NUMBER	YEARS KNOWN	RELATIONSHIP TO REFERENCE
1.				
2.				
3.				

EMPLOYMENT CONDITIONS

I understand that I will not be considered an employee of ACH In-Home and Community Services Program or any of its subsidiaries until the following conditions are met:

- References are successfully contacted with positive results.
- Twenty (25) hours of paid orientation and on the job training are successfully completed.
- All applicable background checks are completed showing no negative history.
- Any falsification or material omission of an application for employment will be considered ground for immediate dismissal.
- I understand that if I am hired, or at any time during my employment, I become related to any client of ours either by marriage or blood, I am required to inform my Supervisor immediately.
- I further understand that after the above items have been successfully completed and if hired, I will be considered an "employee at will" and my employment may be terminated at any time for any reason.

Applicant Signature

Date

Printed Name

Supervisor

JOB DESCRIPTION - ESSENTIAL JOB FUNCTIONS LIST

Requirements:

- Must be at least 18 years of age.
- Must be able to read, write and follow directions.
- Must have at least six (6) months of paid work experience as a Homemaker for an agency, nurse aide, or household worker, OR at least one (1) year of experience, paid or unpaid, in caring for children, sick or aged individuals OR have successfully completed formal training, such as a basic nursing arts course of nurse, nursing assistant, or home health aide training.
- Must be able to lift, push, pull or carry up to 50 pounds and twist, bend, kneel, stoop and climb stairs without difficulty.
- Required to have a working cell phone with voice mail set up.
- Required to have their own reliable transportation and must provide proof of vehicle insurance for vehicle which will be used for work (for cases requiring a vehicle).

Homemaker Services Job Duties:

- Plan and prepare meals, including special diet menus
- Clean up after meals
- Clean kitchen counters, cupboard, and appliances, which should include: oven, surface burners, and inside refrigerators
- Make beds and change sheets
- Sweep, vacuum and may mop floors
- Tidy and dust home
- Launder and iron clothes and linens
- Bag trash inside the home and place outside for pick up
- Shop for essential home items, which should include: groceries, cleaning supplies, etc.
- Perform essential errands, which should include: obtain food stamps, pick up medications, postal mail, etc.
- Read and write essential correspondence for blind, illiterate, or physically impaired clients
- Wash inside windows and clean blinds – from floor only, may not climb.
- Air mattresses and bedding
- Bag outside trash
- Cannot move furniture to rearrange room – can only clean under and around heavy items

Personal Care Services Job Duties:

- Assisting with dietary needs, including meal preparation and clean up and assistance with eating and/or feeding
- Assisting with dressing and grooming, including helping with dressing and undressing, combing hair, and nail care
- Assisting with bathing and personal hygiene, including assisting with bathing, shampooing hair, oral hygiene, dental care, and shaving
- Assisting with toileting and continence, including assisting in going to the bathroom and changing bed linens. This may include changing beds for persons with medical limitations that may impede completing this task.
- Assisting with mobility and transfer, including assisting with transfer and ambulating when recipient can at least partially bear own weight
- Assisting with medication, including assisting with the self-administration of medicine, applying non-prescription topical ointments or lotions
- Medically related household tasks, including approved homemaker and chore tasks.

I have read and understand the above listed essential job functions and acknowledge that I am able to perform these duties.

Applicant Signature

Date

Printed Name

Supervisor