



Name: _____

Welcome to Pink Hearts Home Care Services

When applying for a position with us, applicant must submit all the following documents:

1. Driver's license
2. Social security card
3. CNA certification
4. CPR and first aid certification
5. TB - PPD test results/x-ray
6. Background check

Failure to do so will delay employment process and start date.

Pink Hearts Home Care Services
Thank you for your cooperation!
You're in Good Hands

Pink Hearts Home Care Services is an equal employment opportunity. Employer does not discriminate because of race, color, religion, sex, age and national origin.

Application for Employment

Date: _____

Personal Information

First Name: _____ Last Name: _____ Middle: _____

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

How did you hear about us: Newspaper Internet Flyers other (specify: _____)

Referred by: _____

Have you ever applied with Pink Hearts Home Care Services? YES NO
If so, please specify (dates) _____

Do you have any allergies or special medical condition? YES NO
If yes, please specify: _____

Do you have a valid driver's license? YES NO

Do you have reliable transportation? YES NO

Are you legally authorized to work in the United States? YES NO

Have you ever been convicted with a felony? YES NO

Educational background

	SCHOOL NAME AND LOCATION	DATES	GRADUATED	TYPE OF DEGREE	SUBJECTS
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO		
College			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Business, Trade or correspondence school (s)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Undergrad			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Grad School			<input type="checkbox"/> YES <input type="checkbox"/> NO		



CERTIFICATIONS AND LICENSES

Do you have your CPR and First- aid certification? YES NO
 If so, certifications issued date: YES NO
 Has license/certification ever been issued in another state? YES NO
 Do you have a valid license/certification? YES NO

License/certification type:	State:	License Number	Expiration date:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Has your professional license, certificate or registration ever been subject to disciplinary action by any state board such as by reprimand, suspension or revocation? Yes No

Are you currently working under a consent order or with a restricted license? Yes No

Are you aware of any pending complaints or investigation against your professional license, certificate or registration in any state to the best of your knowledge? Yes No

Do you have any restrictions which would interfere with your ability to perform the essential duties of the position for which you have applied? Yes No

Do you have professional liability insurance? Yes No

_____	_____	_____
Carrier Name	Policy Number	Expiration date

WORK HISTORY

Start with your most recent employment

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER(S)	ENDING SALARY	POSITION HELD	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				



Pink Hearts Home Care Services
You're in Good Hands

PERSONAL REFERENCES			
Give below names of three persons NOT related to you, whom you have known at least 1 year			
NAME	ADDRESS AND PHONE NUMBER	TYPE OF BUSINESS	YEARS KNOWN
EMERGENCY CONTACT INFORMATION			
Please help us protect you better by providing the HR Department with names and phone numbers of people to be contacted in case of an emergency. This information will be kept in your employee file and used only in an emergency.			
To be effective, the people you provide should be individuals who can be reached during daytime hours (spouse, family members, friends, neighbors, etc.).			
EMPLOYEE			
FIRST NAME: _____ LAST NAME: _____ M.I: _____			
EMERGENCY CONTACT 1			
FIRST NAME: _____ LAST NAME: _____			
PHONE: _____ ALTERNATE: _____ RELATIONSHIP: _____			
EMERGENCY CONTACT 2			
FIRST NAME: _____ LAST NAME: _____			
PHONE: _____ ALTERNATE: _____ RELATIONSHIP: _____			



Acknowledgment and Authorization

I represent that the information provided in this employment application (and accompanying documents, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from any further consideration for employment and may be justification for dismissal from employment if discovered at a later date. I agree to immediately notify Pink Hearts Home Care Services, LLC if I should be convicted of any crime while my job application is pending.

I authorize investigation of all statement contained in this application and authorized any individual or entity to provide information and opinion to Pink Hearts Home Care Services, LLC as part of the investigation. I authorize Pink Hearts Home Care Services, LLC to disclose information contained in this application along with any information about me obtained through investigation or during the course of the interview process. I release Pink Hearts Home Care Services, LLC and any individual, or entity providing information to Pink Hearts Home Care Services, LLC from any legal liability for any damages; from the disclosure of this information.

I understand that if accused of wrongdoing while employed, I may be subjected to probe by an outside agency.

I understand that if I am hired; my employment is "at will" which means that it is for no definite period of time and may be terminated by me or Pink Hearts Home Care Services, LLC at any time for any reason.

I understand that if I am hired; Pink Hearts Home Care Services, LLC does not guarantee any specific number of hours or shifts. I understand and agree that I will not accept employment by any Pink Hearts Home Care Services, LLC client where I have been assigned by Pink Hearts Home Care Services, LLC for a period of two years following termination of my employment with Pink Hearts Home Care Services, LLC.

I understand that if I am hired, a client may decide not to utilize my services at any time and will inform Pink Hearts Home Care Services, LLC if this occurs. That decision is made solely by the client. I understand that disclosure of the reason(s) for any such decision is at the sole discretion of the client and that I am not privy to that information. I understand and acknowledge that if this occurs, I may not be assigned to other clients. In the event I have any concerns regarding my assignment to a client, I will immediately bring my concerns to Pink Hearts Home Care Services, LLC.

I agree, if I am hired by Pink Hearts Home Care Services, LLC, to keep my credentials and JCAHO and OSHA in service requirements current, and to abide by the policies, procedures and supervision of the client to which I am assigned and those of Pink Hearts Home Care Services, LLC.

I certify that the information I have provided in this application is true and complete to the best of my knowledge, and I understand that one or more falsified statements within this application is grounds for rejection. I understand the content, terms and conditions and I was given the opportunity to ask questions. By signing this document, I certify that I agree and accept the information contained in this document.



Applicant signature: _____ Date: _____

ORIENTATION INSTRUCTIONS

First Name: _____ Last Name: _____

Prior to working with client, all employees shall be oriented in accordance with the rules and regulations of the office of regulatory services health care section.

The orientation includes instructions in the followings:

1. Pink Hearts Home Care Services policies and procedures regarding its scope of services and the type of clients it serves.
2. The employee's assigned duties and responsibilities.
3. Reporting client progress and problems to supervisory personnel and procedures for handling medical emergencies or other incidents that affect the delivery of services in accordance with the client's service plan.
4. The employee's obligation to report known exposure to tuberculosis and hepatitis to the employer.

Applicant Signature

Date

BACKGROUND INFORMATION

First Name: _____ Last Name: _____

Address	City	State	Zip
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Social Security Number: _____

Pink Hearts Home Care Services requires that all employees must show proof of evidence of free of abuse and negligence and all employees must meet the following minimum requirement.

I authorize Pink Hearts Home Care Services to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

I understand that a criminal conviction does not result in automatic bar to employment and will be considered only as it relates to the job in question and the policies and practices of the assignment site.

I release any legal claim I may have against Pink Hearts Home Care Services, its officers, agents and employees for requiring the background check.

Never have shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

Applicant Signature	Date
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Office Representative Signature	Date
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Office Use Only:
Hire Date: ____/____/____
Start Date: ____/____/____
Initials: _____

STAFF ETHICS POLICY

Pink Hearts Home Care Services place more emphasis on the employee's ethics at client's home. The following is the rules and regulations that Pink Hearts Home Care Services has established for staff. Failure to adhere to these policies will result in termination.

Staff:

1. Is not allowed to use client's car for personal use.
2. Is not allowed to consume client's food or beverage.
3. Is not allowed to use client's telephone for personal calls.
4. Should not be discussing political or religious beliefs, or personal problems with the member.
5. Is not allowed to accept gifts or financial gratuities (tips) from the member or client's representative.
6. Should not be engaged in lending money or other items to/from the client, borrowing money or other items from the member or client's representative.
7. Should not be engaged in selling gifts, food or other items to or for the member.
8. Is not allowed to purchase any items for the member unless directed in the service agreement/care plan.
9. Is not allowed to bring other visitors (children, friends, relatives, pets, etc.) to the client's home.
10. Is not allowed to smoke in the client's home, with or without permission from the client or client representative.
11. Should not report for duty under the influence of alcoholic beverages or illegal substances.
12. Is not allowed to sleep in the client's home.
13. Is not allowed to remain in the client's home after services have been rendered.

Applicant (print name)

Signature

Date