

Bright Star Private Home Care Employment Application

Date:	_				
Name					
First	Middle	Last			
Address					
Street			City	State	ZIP/Postal Code
Telephone <u>(</u>)	Cell Phone <u>(</u>)			
E-Mail address		Ho	w did you hea	ar about us_	
Type of employment desired		Please Speci	fy Days and Ho	urs Available	
Position applied for		O Full-time	O Part-time	O PRN	
Current hourly pay rate \$		D	esired pay per	hour \$	
Are you legally eligible to wor	k in the US?	Yes	No		
Are you available to work Cal	Outs, if needed?	Yes	No		
Have you ever been employ	ed with us?	Yes	No		
If yes, when?V	Vhy did you leave?				
Do you have any friends or fa	mily employed at this lo	ocation? Yes	No		
FYI : Conviction will not be a decidi	ng factor in continuing the	pre-screening prod	cess or potential e	employment op	portunities
Have you been convicted of a	crime in the last seven	(7) years? Yes	No		
If yes, please explain					
During the hiring process, do	you agree to provide a	criminal backgro	ound check? Y	es No	
During the hiring process, do	you agree to provide a	Motor Vehicle F	Record? Yes	No NA	



Educational Background: Please Answer The Following Questions

List previous educational history

Institution	Field of study	Grad	uated
		Yes	No
		Yes	No
		Yes	No

Document Checklist

Documents	Current	Expires
CNA Certification	Yes No	
CPR/ First Aid	Yes No	
Driver's License	Yes No	
TB Screening	Yes No	

What do you think is the most difficult part of caregiving or customer service work?
Ms. Jackson ask you to apply BENGAY muscle rub on her back, what would you do?
In what situations do we provide services not listed in the SERVICE PLAN?
What is DNR? .
Why is it important to work within your scope or job description?



EMPLOYMENT BACKGROUND

List your previous employers beginning with the most recent employer.

Employer Name:	Phone:	FROM	ТО	Responsibilities:
	()	FROIVI	10	nesponsibilities.
Address:				
Job Title:		Starting Ra	Hourly ate	
Supervisor Name/Phone:		\$		
Reason for leaving:		Final H Ra		
May we call to verify?		\$		
Employer name:	Phone: ()	FROM	ТО	Responsibilities:
Address				
Job Title		Starting Ra	<u>Hourly</u> ate	
Supervisor Name/Phone:		\$		
Reason for leaving:		Final F		
May we call to verify?		\$	per	
Employer Name:	Phone: ()	FROM	ТО	Responsibilities:
Address:	. ,			
Job Title:		Starting Ra	Hourly ate	
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final F Rat		
May we call to verify?		\$	per	
Employer Name:	Phone: ()	FROM	ТО	Responsibilities:
Address:				
Job Title:		<u>Startin</u>	g Rate	
Supervisor Name/Phone:		\$	per	
Supervisor Name/Phone: Reason for leaving:			r Hourly	



References: List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

		Years	
Name	Relationship	acquainted	Phone Number

**CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one 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 misrepresentation of facts called for 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 consumers reporting bureaus, to verify any 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 understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, ancestry, veteran status, medical condition, sexual orientation, marital status or any other characteristic protected by applicable state or federal civil rights laws.

Applicant's Signature	Date	
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Bright Star Private Home Care Tel: (678) 665-3937 Email: gmilbin@yahoo.com