



Gallery Home Care Employment Application

Date: _____

Name _____

First

Middle

Last

Address _____

Street

City

State

ZIP/Postal Code

Telephone (____) _____ Cell Phone (____) _____

E-mail address _____ How did you hear about us _____

Type of employment desired _____ Please Specify Days and Hours Available _____

Position applied for _____ Full-time Part-time PRN

Current hourly pay rate \$ _____ Desired pay per hour \$ _____

Are you legally eligible to work in the US? Yes No

Are you available to work Call Outs, if needed? Yes No

Have you ever been employed at our company? Yes No

If yes, when? _____ Why did you leave? _____

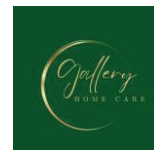
Do you have any friends or family employed at this location? Yes No

FYI: Conviction will not be a deciding factor in continuing the pre-screening process or potential employment opportunities

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 background check? Yes No



During the hiring process, do you agree to provide a Motor Vehicle Record? Yes No N.A.

Educational Background: Please Answer the Following Questions

List previous educational history

Institution	Field of study	Graduated
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Document Checklist

Documents	Current	Expires
CNA Certification	<input type="checkbox"/> Yes <input type="checkbox"/> No	
CPR/ First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Driver's License	<input type="checkbox"/> Yes <input type="checkbox"/> No	
TB Screening	<input type="checkbox"/> Yes <input type="checkbox"/> 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	TO	Responsibilities:
Address: _____			
Job Title: _____	Starting Hourly Rate		
Supervisor Name/Phone: _____	\$		
Reason for leaving: _____	Final Hourly Rate		
May we call to verify? Yes	\$		

Employer name: _____ Phone: () _____			
	FROM	TO	Responsibilities:
Address _____			
Job Title _____	Starting Hourly Rate		
Supervisor Name/Phone: _____	\$		
Reason for leaving: _____	Final Hourly Rate		
May we call to verify?	\$	per	

Employer Name: _____ Phone: () _____			
	FROM	TO	Responsibilities:
Address: _____			
Job Title: _____	Starting Hourly		



	Rate		
Supervisor Name/Phone:	\$	per	
Reason for leaving:	Final Hourly		
	Rate		
May we call to verify?	\$	per	
Employer Name:	Phone: ()		Responsibilities:
	FROM	TO	
Address:			
Job Title:	Starting Hourly		
	Rate		
Supervisor Name/Phone:	\$	per	
Reason for leaving:	Final Hourly		
	Rate		
May we call to verify?	\$	per	

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

Name	Relationship	Years acquainted	Phone Number

****CERTIFICATION AND RELEASE:** I certify that I have read and understood 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 the 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 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 _____



Gallery Home Care

Drug and Alcohol Policy Acknowledgement Form

Employee Name: _____

This Drug and Alcohol policy was created to assist us in providing a safe, comfortable, and productive work environment for our employees and others. Gallery Home Care recognizes that employees who abuse drugs or alcohol at work—or who appear at work under the influence of illegal drugs or alcohol—can harm both themselves and others in the work environment. Illicit drug includes more than just illegal drugs such as marijuana, cocaine, or heroin. It also consists of the misuse of otherwise legal prescription and over-the-counter drugs.

While on duty or when conducting Company business employees are prohibited from using, possessing, distributing, selling, or being under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job if it does not impair an employee's ability to perform the essential job functions efficiently and in a safe manner that does not endanger other individuals.

A violation of this policy can lead to disciplinary action, up to and including immediate termination of employment. Such violations may also have legal consequences.

Gallery Home Care reserves the right to require employees to undergo random drug and alcohol testing to ensure a safe and healthful working environment. Employees may be required to provide body substance samples (such as urine and/or blood) to determine the illicit or illegal use of drugs and alcohol. Refusal to submit to drug testing may result in disciplinary action, up to and including termination of employment.



Reasonable-suspicion drug testing

Gallery Home Care requires an employee to submit to reasonable-suspicion drug testing. Reasonable cause exists when an employee exhibits patterns of behavior that suggest impairment from drug or alcohol use or when job performance or safety is affected.

The following behaviors may indicate abuse of alcohol, controlled substances, or illegal drugs:

- ✓ Unauthorized leave from work areas.
- ✓ Excessive tardiness when returning from breaks or meal periods.
- ✓ Accidents on the job.
- ✓ Significant swings in normal behavior, morale, or level of productivity.
- ✓ Inattention to work or assigned duties and poor judgment.
- ✓ Over-reaction to real or imagined criticism.
- ✓ Poor or inappropriate client care.
- ✓ Other actions or behavior not enumerated above as indicators of alcohol or illegal drug use or controlled substance abuse also may constitute reasonable cause for alcohol and/or drug testing.

I have read and understood and am in agreement with the above policy.

Employee Signature _____ Date _____