Kynn Care HCBS, INC

Application for Employment
Checklist & Requirements

Thank you for your interest in joining our team at Kynn Care Home & Community Based Services, INC and to ensure compliance with staff regulations set forth by the Pennsylvania Department of Health and Federal Law, the following is a list of documentation that must be provided, completed and/or returned by everyone applying for employment at our Agency.

DOCUMENTS REQUIRED FOR EMPLOYMENT WITH AGENCY:

1. **Social Security Card**, Driver's License and/or State Issued ID card (showing 2 years proof of residency), or Passport
2. Criminal Background Check (through PATCH)
3. Current CPR Certification (**optional**/if applicable)
4. Completed W-4
5. Completed I-9

BEFORE ANY EMPLOYEES CAN PROVIDE SERVICES TO A CONSUMER:

1. Applicant must provide proof of negative Tuberculosis test results via either **2-step**, **blood**, or chest x-ray
2. Employee must complete the Agency's Training Orientation Program (TOPS) and **pass the Competency Test** (§ 611.55) and **complete weekly Video Training**
3. Employee must obtain Photo ID Badge
4. Employee must receive, review and sign the Agency's Handbook
5. Employee must review the Patient's Intake Form with Supervisor
6. Employee must be able to perform all Patient requested services on in-take form
7. Employee must review the Patient's Emergency Plan
8. Employee must know where Agency forms are located within Patient's home
9. Employee must have adequate transportation to and from the Patient's home
10. Agency must introduce Patient and Employee at the Patient's home

As a licensed Home Care Agency in the Commonwealth of Pennsylvania, we are required and mandated by the Pennsylvania Department of Health to maintain photocopies of the aforementioned documents on file at our office for all full-time, part-time and intermittent employees and contractors. This Agency takes security of your information very seriously. Be assured that the Agency complies with Confidentiality laws and all information provided to us will remain confidential.

KYNN CARE EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help completing this application, or with any phase of the employment process, please advise the person who gave you this form. Every reasonable effort will be made to meet your needs.

- Please read "Applicant Note" below.
- Complete all pages of this application
- Print clearly. Incomplete or illegible applications will not be accepted
- If more space is needed to complete any question, use the comments section on the back
- Application valid 60 days

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with our Home Care Agency. This is not an employment contract. False or misleading statements during the interview and/or on this application are grounds for terminating employment. We are an equal opportunity Agency. All qualified applicants will receive consideration without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under the Equal Employment Opportunity Act.

PERSONAL INFORMATION:

Application Date: _____

Position(s) Applied for: _____

Name: _____
Full Name

DOB: _____ SS#: _____-_____-_____

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (___) _____ Work Phone: (____) _____
Cell Phone: (___) _____ Other Phone: (____) _____

Email Address: _____

Emergency Contact: _____ (____) _____
Full Name Phone

Make & Model of Vehicle: _____ Vehicle Year: _____

Auto Insurance Company: _____ Policy #: _____ Exp _____

Do you have any moving traffic violations? ☐ Yes ☐ No If yes, please describe

_____

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Have you applied here before? □ Yes □ No, If yes, when?
Have you ever been employed here before? □Yes □No, If yes, when?
How did you hear about this Agency?
_____
Are you able to perform the essential functions of the job for which you are applying with/without extra accommodations? □ Yes □ No

Why are you interested in employment with us? _____

YOUR AVAILABILITY:

Due to the nature of the business, no guarantee can be made regarding the schedule, or the hours worked

What date are you available to begin work? _____

Please complete all areas of availability:

__ Mornings __ Afternoons __ Evenings __ Overnight __ Weekdays ___Weekends

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:
□ Bucks County □ Philadelphia □ Montgomery County □ Chester County □ Delaware County □ Other _____

Please indicate the types of services you are willing to provide:

	Companionship		Housekeeping (dust/vacuum)		Errands/Shopping/Transportation
	Meal Preparation		Laundry/Ironing		Personal Care
	Activities (games/crafts)		Medication Reminders		Dementia/Alzheimer's Care
	Wound Care		Lawn Care/Gardening		Other

*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 If yes, which pets: _Cats _Dogs _Both
Are you willing to provide service to a client that smokes? □ Yes □ No

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JOB RELATED SKILLS:

Describe any training or life skills you have that apply to caring for adults:

_____

Describe any work history you have that would apply to caring for adults:

_____

EDUCATION:

Our minimum education requirement is either a GED or High School Diploma

School Type	School Name	City, State	Major	#Yrs Attended	Graduated
High School					Y / N
Vocational/Tech					Y / N
College/University					Y / N

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. The phone numbers to your previous employers are essential, as we will contact them.

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: _____ to _____ _____ _____
Job Title Supervisor's Name

_____
Job Duties

$_____ per _____ _____
Salary Hr./Wk./Month Reason for Leaving

_____ _____ (___) _____
Company Name City/State Phone Number

Dates Employed: _____ to _____ _____ _____
Job Title Supervisor's Name

_____
Job Duties

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$____ per _____ _____
Salary Hr./Wk./Month Reason for Leaving

_____ _____ (___) _____
Company Name City / State Phone Number

Dates Employed: _____ to ____ _____ _____
Job Title Supervisor's Name

_____
Job Duties

REFERENCES (DO NOT INCLUDE RELATIVES)

Please complete all six references. Your application will not be considered unless all six references are provided. Feel free to notify these references in advance as we will contact them.

Full Name	**Phone Number**	Best time to call	**Relationship**	**Years known**
1				
2				
3				
4				

It is illegal in Philadelphia for employers to ask about your criminal background during the job application process.

Employers cannot ask about your criminal background on job application or during any job interview. Employers can run your criminal background check ONLY AFTER a conditional offer of employment is made (final hiring depends on the results of your background check).

- Criminal convictions can be considered ONLY if they occurred less than 7 years from the application date
- Arrests that did not lead to conviction cannot be used in the hiring decision
- If your background check reveals a conviction, the employer must consider:
  - The type and time of offense
  - How the offense can be connected to the job you are applying for; and
  - Your job history, character references, and any evidence of rehabilitation

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- Employers can reject you based upon your criminal record ONLY if you pose an unacceptable threat to the business or to other people
- If you are rejected due to a bad report, the employer must send the decision to you in writing with a copy of the background report used to make the decision.
- You have 10 days to explain your record, proof that it is wrong, or proof of rehabilitation

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APPLICANT CERTIFICATION AND RELEASE:

I Certify that I have read and understood the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statement made by me are complete and true to the best of my knowledge and belief.

I understand that any false information omissions or misinterpretations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the Agency and/or its agents, including consumer-reporting bureaus, to verify any of the information herein. Including but not limited to criminal history and motor vehicle/driving records. I authorize all persons, schools, companies and law enforcement agencies to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement agencies from any liability for any damage for issuing this information. I release this Agency from any liability which might result from making such investigations.

I also understand that the sell of illegal drugs is prohibited during employment. I am willing to submit to any necessary drug testing to detect the use of illegal drugs prior to and during employment. My employment is contingent upon confirmation of credentials and successful completion of a drug test and/or a criminal background check. I also understand that if hired, regardless of any oral presentation the contrary, the employment relationship between the Agency and myself is terminable at will, so both the Agency and the employee remain free to choose to end the 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, understood, and agreed to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

_____ _____

APPLICANT SIGNATURE **DATE**

FOR OFFICE USE ONLY

Date of Hire:	Approved By:	References verified by:

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