



Post Applied for:

APPLICATION FORM

THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.

You must provide the following at interview. Applicants without this documentation may have their application rejected.

1. Two forms of identification(preferably passport and driving licence)
2. An official letter with YOUR name and address on it (eg. Phone Bill/Bank Statement etc)
3. Proof of 'Right to Work in the USA' (if you do not hold an USA passport)

SECTION 1: PERSONAL DETAILS

Title:	
Last Name:	
First Names:	
Address:	
Postcode:	
Passport #	
Nationality	
Driving License #	
Home Health Aide Licence #	
Home Telephone Number:	
Mobile Telephone Number:	
E-mail address:	
Social Security Number:	
Work Permit Number:	
Are you eligible to work in the USA?	Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

OFFICE USE ONLY

ADDITIONAL ID?

AVAILABLE FOR WORK:

AVAILABILITY FOR TRAINING

ACTION:

Training Record

Name of training school:	Certificate Obtained & Date

Please state current Salary Package including benefits & holidays:

SECTION 2: REHABILITATION OF OFFENDERS ACT

Have you ever been convicted of a criminal offence?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you any prosecutions pending?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes, please give details / dates of offence(s) and sentence:

(This information will be disclosed by the Criminal Records Bureau check which will be required if successful. Please note a criminal record will not necessarily be a bar to employment)

SECTION 3: HEALTH

Number of days absent in the last 2 years:	
Please state number of times in the last 2 years	
Are you registered disabled?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If yes please provide your disability number and details

SECTION 4: EDUCATION

Date From	Date To	Name of School	Examinations taken and Qualifications Gained (Specify Grades)

SECTION 5: EMPLOYMENT RECORD

Please list chronologically, starting with current or last employer:

Name and Address of Employer	Date From:	Date To:	Job Title/Job Function/ Responsibilities:	Salary and Reason for Leaving

Please continue on a separate page if required

SECTION 6: PERSONAL ATTRIBUTES

SECTION 7: REFERENCES

Please give the names and addresses of your two most recent employers (if applicable). If you are unable to do this, please clearly outline who your referees are.

Can we contact your current employer before interview? Yes/No

Reference 1		Reference 1	
Name:	<input type="text"/>	Name:	<input type="text"/>
Their Position (Job Title)	<input type="text"/>	Their Position (Job Title):	<input type="text"/>
Work Relationship:	<input type="text"/>	Work Relationship:	<input type="text"/>
Organisation:	<input type="text"/>	Organisation:	<input type="text"/>
Dates Employed:	From: <input type="text"/>	Dates Employed:	From: <input type="text"/>
	To: <input type="text"/>		To: <input type="text"/>

Address:	<input type="text"/>	Address:	<input type="text"/>
Postcode:	<input type="text"/>	Postcode:	<input type="text"/>
Telephone #:	<input type="text"/>	Telephone #:	<input type="text"/>
E-mail:	<input type="text"/>	E-mail:	<input type="text"/>

SECTION 8: DECLARATION

I confirm that the information provided in this application (and within my resume if applicable) is both truthful and accurate. I have omitted no facts that could affect my employment. I understand that any false misleading statements could place any subsequent employment in jeopardy. I understand that any employment entered into is subject to documentary evidence of my right to work in the USA and satisfactory references. I expressly consent to personal data contained within this form being recorded for the purposes of assessing suitability for the post and may form the basis of any subsequent personnel file.

Signed: _____ **Date:** ____ / ____ / ____

Happy and Great Home Care Services, Inc. undertakes that it will treat any personal information that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection Act 1998. After initial assessment, Happy and Great Home Care Services, Inc. may keep your details on file pending suitable opportunities that may arise in the future.

Please tick if you do not wish us to hold your details. []

SECTION 9: RECRUITMENT MONITORING FORM

Application for the
post of:

Date of the application: _____ / _____ / _____

Where did you learn of the vacancy? _____

This sheet will be separated from your application form upon receipt and does not form part of the selection process. It will be retained by Human Resources purely for monitoring purposes. To help us ensure that our Equal Opportunities Policy is fully and fairly implemented please **COMPLETE THIS SECTION OF THE APPLICATION FORM.**

- AMERICAN INDIAN / ALASKA NATIVE
- ASIAN
- BLACK / AFRICAN AMERICAN
- NATIVE HAWAIIAN / OTHER PACIFIC ISLANDER
- WHITE

What is your age group?

- Under 21 41 to 50
- 22 to 30 51 to 60
- 31 to 40 61 and over

What is your gender?

- Male Female

Disability

Do you consider that you have a disability? Yes No

If yes, please provide details of the nature of the disability

N.B. The Disability Discrimination Act's definition of disability is someone who has a substantial impairment that has a long-term (a year minimum) adverse effect on day-to-day activities.

Partnership status

- Married**
- Single**
- Partnered**
- Other (please specify)**

What is your religious belief?

- Buddhist**
- Christian**
- Hindu**
- Jewish**
- Muslim**
- None**
- Other (please specify)**

What is your sexual orientation?

- Bisexual**
- Gay**
- Heterosexual**
- Lesbian**
- Other (please specify)**

Thank you for taking the time to complete this form.

Availability

Please read this before you complete the Availability Form: Standard working requirements are five days each week plus alternative weekends. It is not a requirement that Care Workers should work more than one period per day but you are free to commit to as many as you would like to. Hours are not guaranteed and shift periods are for illustration only.

Payment is made for 'contact time' only.

Important: This availability will form the basis of any employment offer, and if you are accepted, forms a commitment on your part.

Availability Form Tick if available)

[] 7am to 2pm

[] 2pm to 4pm

[] 4pm to 10.30pm Weekdays

[] Weekends

Total number of hours per week you are seeking

Please note that the amount of work is variable and that staff may not be working throughout the periods marked above as 'available'.

WORKING TIMES REGULATIONS DECLARATION

If you do wish to work more than 35 per week, it is necessary to sign the form below to show that you are available.

I (name) _____ confirm that I want to be able to work more than 35 hours per week and that I will give you adequate notification in writing should I wish to reduce these hours to less than 48 hours.			
Signed		Date	

If you do not wish to work more than 35 hours per week, it is necessary to sign the form below to show that you are not available

I (name) _____ confirm that I do not want to work more than 35 hours a week. I will however, inform you should my circumstances change and I am able to do over 48 hour work per week.			
Signed		Date	

Task Ability Schedule			
Please tick each task in which you are experienced:			
		Personal Hygiene	
	<input type="checkbox"/>	Bath/shower/strip wash	<input type="checkbox"/>
	<input type="checkbox"/>	Bed bath	<input type="checkbox"/>
	<input type="checkbox"/>	Use of bath aids	<input type="checkbox"/>
	<input type="checkbox"/>	Shaving	<input type="checkbox"/>
	<input type="checkbox"/>	Mouth care (inc. dentures)	<input type="checkbox"/>
	<input type="checkbox"/>	Care of hair	<input type="checkbox"/>
	<input type="checkbox"/>	Care of feet (excl. toenails)	<input type="checkbox"/>
	<input type="checkbox"/>	Care of fingernails	<input type="checkbox"/>
	<input type="checkbox"/>	Dressing/undressing	<input type="checkbox"/>
	<input type="checkbox"/>	Care of eyes	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
		Toileting	
	<input type="checkbox"/>	Continence care	<input type="checkbox"/>
	<input type="checkbox"/>	Bedpans/commodoes etc.	<input type="checkbox"/>
	<input type="checkbox"/>	Changing a catheter bag	<input type="checkbox"/>
	<input type="checkbox"/>	Stoma care	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
		Mobility	
	<input type="checkbox"/>	Lifting and handling	<input type="checkbox"/>
	<input type="checkbox"/>	Use of hoist (manual/electric)	<input type="checkbox"/>
	<input type="checkbox"/>	Use of walking aids	<input type="checkbox"/>
	<input type="checkbox"/>	Lifting and moving of clients	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
		Observation	
	<input type="checkbox"/>	Temperature	<input type="checkbox"/>
	<input type="checkbox"/>	Pulse	<input type="checkbox"/>
	<input type="checkbox"/>	Respiration	<input type="checkbox"/>
	<input type="checkbox"/>	Urine testing	<input type="checkbox"/>
	<input type="checkbox"/>	Blood pressure	<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
		Nutrition	
	<input type="checkbox"/>	Preparing meals	<input type="checkbox"/>
	<input type="checkbox"/>	Feeding	<input type="checkbox"/>
	<input type="checkbox"/>	Food handling	<input type="checkbox"/>

HEALTH DECLARATION

Due to the nature of the work that you will undertake with Happy and Great Home Care Services, Inc. and the frequent requirement for a certain level of physical and mental fitness, we require you to provide us with certain details of your medical history as a part of the application process. The information requested here will only be considered in accordance with the provisions of the Equality Act 2010.

Have you in the last three years suffered from any of the following?			If yes, date	Details
Tuberculosis, asthma, bronchitis or any disease of the lungs	Yes	No		
Heart disease or disorder, strokes or high blood pressure	Yes	No		
Rheumatic Fever	Yes	No		
Osteoarthritis, Rheumatoid Arthritis, or other painful inflammatory conditions	Yes	No		
Back trouble i.e. slipped disc, lumbago or other mobility difficulties	Yes	No		
Any neurological disorders e.g. Multiple Sclerosis or Epilepsy	Yes	No		
Diabetes Type 1 or 2 or any other blood sugar disorders	Ye	No		
Skin disease e.g. eczema or dermatitis	Yes	No		
Any known allergies	Yes	No		
Recurrent stomach troubles, gastric disorders/vomiting	Yes	No		
A hernia	Yes	No		
Any hearing defects/difficulties in either ear	Yes	No		
Eye disease (inc. Colour blindness), visual difficulties	Yes	No		
Mental health complaints e.g. depression, Post Traumatic Stress Disorder, Bi-Polar Disorder	Yes	No		
In addition, have you?				
Had any surgical operations in the last twelve months or are you awaiting any surgical operations or hospital appointments	Yes	No		
Received medical treatment during the past three months or are you on a waiting list for such treatment	Yes	No		
Received any immunisation or vaccines in the last twelve months	Yes	No		
Been diagnosed with any contagious illness or disease during the last twelve months:	Yes	No		

DECLARATION

I declare that the information I have provided on this application form is true. I understand that all personal information about me relating to my employment with Happy and Great Home Care Services, Inc. is confidential.

I hereby give my permission for the information I have supplied to be made available, on a need to know basis, to those in Medicaid and those responsible in New York State Department of Health. I agree to a medical examination or report, or to respond to a request for further information, if I am offered employment by Happy and Great Home Care Services, Inc.

If necessary I authorise Happy and Great Home Care Services, Inc to contact my own doctor, consultant or specialist to whom I have been referred. I accept that any information submitted by Happy and Great Home Care Services, Inc. as a result may be used to determine any modifications, if any, to be made in the interest in allowing me to perform my duties in a safe manner.

I certify that I have answered all questions truly and fully.

I am not aware of any health reason that would or may affect my working capability.

I am fit and healthy mentally and physically to carry out my duties safely.

Yes No

I hereby agree that I shall not disclose any confidential information to any third parties, unless I have written consent from Happy and Great Home Care Services, Inc.

I understand that, should I disclose any confidential information, it may lead to disciplinary action being taken. If any aspect of this declaration is false I may be dismissed.

Print Name	Signed	Dated

OFFICE USE ONLY

Interview completed by: _____

Date:

Applicant Approved

Yes

No

Interview Date:

References Received

Reference 1

Verified

Reference 2

Verified

Optional Reference 3

Verified

Verbal reference check:

Date

FBI/State Background Criminal Record check process initiated Yes / No Date

Criminal Record check Fee \$ Paid Yes / No Date

Additional Notes from application

Application Form completed

Full employment history?

Quiz answered successfully Yes / No

Further Notes

Happy & Great Home Care Services, Inc.

Job Description



Job Title: Home Health Aide
Responsible to: Chief Executive Officer
Reporting To: Manager

Main Purpose / Job brief

At Happy and Great Home Care Services, Inc. we are the most sought after agency in the New York area. We are looking for a calm, compassionate and friendly Home Health Aide to provide assistance in daily living and personal care services in patients homes in accordance with an established care plan. If you are

Duties & Responsibilities

- Provide health care services in patients residences, providing support and personal services, monitoring and documenting patient condition while training the family.
- Perform domestic and household tasks, laundry services, shopping for food and other household requirements, preparing and serving meals and snacks, and running errands.
- Transport and accompany patients to doctors office or to hospital
- Administer simple prescribed medications
- Assist with clients personal care activities such as, bathing, dressing, and grooming.
- Monitor patients (vital signs, temperature, respiration, physical and mental condition, intake and output, and exercise) and report on their condition
- Maintain patients care records and document provided services
- Assist patients with mobility and physical therapies/exercises
- Helps family members care for the patient by teaching them appropriate ways to lift, turn, and re-position the patient.
- Instruct and counsel patients and families on diet and exercise, how to care for themselves: teaching them how to use a cane or walker, special utensils to eat, equipment for personal hygiene and special techniques
- Collect routine specimens as required and updating patient journal, notifying assigned medical team off changing or unusual conditions.
- Provide companionship and basic emotional or psychological support
- Advises on nutrition, cleanliness, and housekeeping.
- Maintains a safe, secure, and healthy patient environment by following asepsis standards and procedures, maintaining security precautions, and following prescribed dietary requirements and nutrition standards.
- Protects the home care agency by adhering to professional standards, home care policies and procedures, federal, state, and local requirements.
- Enhances service reputation by accepting ownership for accomplishing new and different requests, and exploring opportunities to add value to job accomplishments.

Qualifications / Requirements

- Proven working experience as Home Health Aide
- Ability to monitor vital signs and to collect specimens
- Familiarity with basic nutrition and personal hygiene standards
- Proficiency in English
- Nursing and health care administration skills
- Caring and compassionate personality
- Current CPR certificate
- First Aid training
- Valid driver's licence (non-essential)
- High school degree

Skills:

- Creating a calm, safe, friendly and effective environment
- Health promotion and maintenance
- Nursing Skills
- Health care administration
- Patient services
- Verbal communication
- Listening
- Training
- Dependability
- Emotional control
- Medical teamwork

Education, Experience, and Licensing Requirements:

- High School Diploma or GED
- CPR/FA, 1 & 2 (within 6-12 months of hire), and CPI certification
- Any state-mandated certification
- Minimum 1+ year(s) professional or personal experience supporting individuals with disabilities, mental illnesses, or challenging behaviors
- Must be over 21 years old

Working hours and benefits at Happy and Great Home Care Services, Inc. are negotiable. Kindly request application form or if you have any questions contact Human Resources at info@happyandgreathomecareservice.com or telephone 718-684-1601.

Notes

This job description is not necessarily a comprehensive description of the post. It will be reviewed at least once per year and may be subject to modification or amendment at any time after consultation with the post holder.