HEARTZ 2 HEART DEVELOPMENTAL LIVING LLC

EMPLOYMENT APPLICATION

Heartz 2 Heart Developmental Living LLC is an Equal Opportunity Employer and does not discriminate based on race, color, religion, sex, national origin, age, disability, veteran status, genetic information, or any other status protected by applicable federal or state law.

POSITION APPLIED FOR

Position Applying For: _____

Date of Application: _____

Desired Start Date: _____

Desired Pay Rate: _____

Employment Type

☐ Full-Time

☐ Part-Time

☐ PRN/As Needed

APPLICANT INFORMATION

Full Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Last Four Digits of Social Security Number: _____

Are you legally authorized to work in the United States?

☐ Yes

☐ No

Have you ever worked for Heartz 2 Heart Developmental Living LLC before?

☐ Yes

☐ No

If yes, when? _____

AVAILABILITY

Please indicate your availability:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Are you available to work:

☐ Days

☐ Evenings

☐ Overnight

☐ Weekends

☐ Holidays

DRIVER'S LICENSE INFORMATION

Do you possess a valid driver's license?

☐ Yes

☐ No

Driver's License Number: _____

State Issued: _____

Expiration Date: _____

Have you had any moving violations within the past three years?

☐ Yes

☐ No

If yes, please explain:

Have you ever had your driver's license suspended or revoked?

☐ Yes

☐ No

If yes, please explain:

VEHICLE INFORMATION

Do you own or have regular access to a reliable vehicle?

☐ Yes

☐ No

Make: _____

Model: _____

Year: _____

License Plate Number: _____

Are you able and willing to transport individuals receiving services when required?

☐ Yes

☐ No

AUTOMOBILE INSURANCE INFORMATION

Insurance Company: _____

Policy Number: _____

Expiration Date: _____

Do you maintain current automobile liability insurance?

☐ Yes

☐ No

Please attach a copy of your current automobile insurance card.

EDUCATION HISTORY

High School

School Name: _____

City/State: _____

Graduated?

☐ Yes

☐ No

GED?

☐ Yes

☐ No

Year Completed: _____

College or University

School Name: _____

Degree Earned: _____

Major: _____

Graduation Date: _____

Vocational or Technical School

School Name: _____

Program Completed: _____

Completion Date: _____

PROFESSIONAL LICENSES AND CERTIFICATIONS

Do you currently hold any professional licenses or certifications?

☐ Yes

☐ No

License or Certification: _____

License Number: _____

Expiration Date: _____

State Issued: _____

Additional Licenses or Certifications

CPR AND FIRST AID CERTIFICATION

Current CPR Certification?

☐ Yes

☐ No

Expiration Date: _____

Current First Aid Certification?

☐ Yes

☐ No

Expiration Date: _____

Please attach copies of all current certifications.

HOME AND COMMUNITY-BASED SERVICES EXPERIENCE

Years of Experience

☐ None

☐ Less than 1 Year

☐ 1–3 Years

☐ 3–5 Years

☐ 5 or More Years

Please describe your experience working with individuals with developmental or intellectual disabilities:

Please describe your experience working with individuals with behavioral health needs:

Please describe your experience working with elderly individuals:

Please describe your experience working with individuals with physical disabilities:

EXPERIENCE WITH MEDICAL AND ADAPTIVE EQUIPMENT

Please check all equipment with which you have experience:

☐ Wheelchairs

☐ Walkers

☐ Hoyer Lifts

☐ Sit-to-Stand Lifts

☐ Transfer Boards

☐ Shower Chairs

☐ Hospital Beds

☐ Oxygen Equipment

☐ Nebulizers

☐ Feeding Tubes

☐ Blood Pressure Monitors

☐ Blood Glucose Monitors

☐ Pulse Oximeters

☐ Gait Belts

☐ Adaptive Communication Devices

☐ Other: _____

Please explain your experience using adaptive or medical equipment:

MEDICATION EXPERIENCE

Have you assisted individuals with medication administration?

☐ Yes

☐ No

Have you completed medication administration training?

☐ Yes

☐ No

Please describe your experience:

PREVIOUS EMPLOYMENT

Employer 1

Company Name: _____

Position Held: _____

Supervisor: _____

Phone Number: _____

Employment Dates: _____

Reason for Leaving:

Employer 2

Company Name: _____

Position Held: _____

Supervisor: _____

Phone Number: _____

Employment Dates: _____

Reason for Leaving:

Employer 3

Company Name: _____

Position Held: _____

Supervisor: _____

Phone Number: _____

Employment Dates: _____

Reason for Leaving:

PROFESSIONAL REFERENCES

Reference 1

Name: _____

Professional Relationship: _____

Phone Number: _____

Email Address: _____

Reference 2

Name: _____

Professional Relationship: _____

Phone Number: _____

Email Address: _____

Reference 3

Name: _____

Professional Relationship: _____

Phone Number: _____

Email Address: _____

BACKGROUND CHECK INFORMATION AND AUTHORIZATION

Have you ever been convicted of a felony?

☐ Yes

☐ No

Have you ever been listed on an abuse, neglect, or misconduct registry?

☐ Yes

☐ No

If yes, please explain:

A criminal conviction or registry finding does not automatically disqualify an applicant from employment. Each circumstance will be reviewed in accordance with applicable laws, regulations, agency requirements, and the duties of the position.

ESSENTIAL JOB FUNCTIONS

Can you perform the essential duties of the position, with or without reasonable accommodation?

☐ Yes

☐ No

Applicants are not required to disclose a medical condition or disability on this application. Reasonable accommodation requests may be discussed during the hiring process.

APPLICANT CERTIFICATION AND AUTHORIZATION

I certify that the information provided in this application is true, accurate, and complete to the best of my knowledge. I understand that false statements, material omissions, or misrepresentations may result in disqualification from employment or termination if I am hired.

I authorize **Heartz 2 Heart Developmental Living LLC** to verify the information provided in this application and to conduct employment verification, reference checks, driving-record reviews, criminal background checks, registry checks, exclusion screenings, and other employment-related inquiries as permitted or required by law.

I understand that completing this application does not create an employment contract or guarantee employment.

Applicant Signature: _____

Date: _____

FOR OFFICE USE ONLY

Interview Date: _____

Interviewer: _____

Background Check Completed

☐ Yes

☐ No

Required Registry Checks Completed

☐ Yes

☐ No

Medicaid Exclusion Screening Completed

☐ Yes

☐ No

Driver’s License Verified

☐ Yes

☐ No

Motor Vehicle Record Reviewed

☐ Yes

☐ No

Automobile Insurance Verified

☐ Yes

☐ No

CPR Certification Verified

☐ Yes

☐ No

First Aid Certification Verified

☐ Yes

☐ No

Professional Licenses or Certifications Verified

☐ Yes

☐ No

☐ Not Applicable

References Checked

☐ Yes

☐ No

Hire Date: _____

Position: _____

Starting Wage: _____

Supervisor Approval: _____

Date: _____