

GOLDEN YEARS HOMECARE SPECIALISTS

PERSONNEL FILE CONTENTS

LEFT SIDE

- _____ Copy of Professional License
- _____ Copy of CPR
- _____ Copy of Drivers License
- _____ Copy of Auto Insurance
- _____ Health Exam if applicable
- _____ Performance Evaluation
- _____ In-Services, CEUs
- _____ TB Test

RIGHT SIDE

- _____ Application
- _____ Reference(s) Verification
- _____ Signed Job Description
- _____ Orientation Check List (Form in Orientation Pack)
- _____ Signed Statement of Employability if applicable
- _____ Criminal History Check within 72 hrs of Employment
- _____ Employee Misconduct Registry
- _____ Nurse Aide Misconduct Registry
- _____ Professional License / Permit Verification
- _____ Hepatitis B Offering
- _____ RN/LVN Self Competency/Skills Checklist
- _____ Infusion Skills Competency if applicable
- _____ HHA Skills Competency if applicable
- _____ HHA Written Competency Test
- _____ Acknowledgment of Policies (Form in Orientation Pack)
- _____ HIPAA Training Certificate (Form in Orientation Pack)
- _____ HIPAA Confidentiality and Non-Disclosure Agreement (Form in Orientation Pack)
- _____ Computer Password Security if applicable (Form in orientation Pack)
- _____ Contract if applicable
- _____ I-9 Form
- _____ W4 Form if applicable
- _____ W9 Form if applicable

PLEASE PRINT ALL INFORMATION
REQUESTED EXCEPT SIGNATURE

DATE OF APPLICATION: _____
DATE OF HIRE: _____

**GOLDEN YEARS HOMECARE SPECIALISTS II
APPLICATION FOR EMPLOYMENT
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS**

PLEASE COMPLETE ALL PAGES DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____

Telephone () _____

If under 18, please list age _____

Position applied for (1) _____ Days/hours available to work
 and salary desired (2) _____
 (Be specific) No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME
 PER VISIT CONTRACT

When available for work? _____

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

HAVE YOU EVER BEEN CONVICTED OF A CRIME? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone () _____

Address _____ Relationship _____

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REQUESTED EXCEPT SIGNATURE

APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes No

Specialty _____ Date Entered _____ Discharge Date _____

Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets or resume if necessary.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

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APPLICATION FOR EMPLOYMENT

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**PLEASE READ CAREFULLY
APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by **GOLDEN YEARS HOMECARE SPECIALISTS II** (hereinafter called "the Agency"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Agency practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Agency, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the owner or administrator of the Agency. Both the undersigned and the Agency may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Agency may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Agency permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Agency from any liability as a result of such contract.

I further understand that my employment with the Agency shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Agency is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Agency is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Agency depends solely on your qualifications.

Thank you for completing this application form and for your interest in our Agency.

GOLDEN YEARS HOMECARE SPECIALISTS

REFERENCE VERIFICATION FORM

DEAR APPLICANT: PLEASE COMPLETE ONLY THE NAME AND TELEPHONE NUMBER OF THE COMPANY / AGENCY TO BE CONTACTED FOR REFERENCE VERIFICATION.

APPLICANT NAME _____ DATE _____

COMPANY / AGENCY NAME: _____ TELEPHONE: _____

POSITION: _____ DUTIES: _____

DATES EMPLOYED: FROM: _____ - TO: _____ ELIGIBLE FOR REHIRE? YES NO

REASON FOR LEAVING: _____

	EXCELLENT	ABOVE AVERAGE	AVERAGE	UNACCEPTABLE
QUALITY OF WORK				
COMMUNICATION SKILLS				
INTERPERSONAL SKILLS				
PROFESSIONAL COMPETENCY				
DEPENDABILITY				

Comments: _____

Telephone Reference Taken By: _____ Date: _____

Reference Given By: _____ Title: _____

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Comments: _____

Telephone Reference Taken By: _____ Date: _____

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GOLDEN YEARS HOMECARE SPECIALISTS

LICENSE/ PERMIT/ REGISTRATION VERIFICATION

Date: _____ Name: _____

Type of License / Permit / Registration: _____

License / Permit / Registration (circle one) number: _____

Expiration Date: _____ Contacted _____ to verify

Verification status: _____ Verification checked by: _____

EMPLOYEE MISCONDUCT AND NURSE AIDE REGISTRY CHECK

Date: _____ Name: _____

Registry checked: Nurse Aide Registry: _____ Employee Misconduct _____

Name on either / applicable registry: YES or NO Employable: YES or NO

(Please note: If the employee / applicant's name appears on either registry the employee / applicant is not employable)

Registry (ries) checked by: _____, Title: _____

GOLDEN YEARS HOMECARE SPECIALISTS

HEPATITIS B NOTIFICATION ACCEPTANCE

Because of my occupational exposure to a blood and/or other potentially infectious materials, and my possible risk of acquiring Hepatitis B virus (HBV), it is my wish to receive the vaccination series offered by the Agency. I understand there will be no charge to me for this series of injections. I am aware, and signify by my signature below, that the Agency will monitor the administration of this vaccination series to me.

Employee Signature / Date

Agency Representative Signature / Date

HEPATITIS B NOTIFICATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature / Date

Agency Representative Signature / Date

GOLDEN YEARS HOMECARE SPECIALISTS

Revised 09/01/09

Criminal History Check: Notification and Statement of Employability

I acknowledge that I have been informed by the Agency that a criminal history and Employee Misconduct or Nurse Aide Registry check will be performed on my name. I have informed this Agency of all names (for example, maiden name, aliases) that I have used in the past. I also understand that if I have been listed in either registry or convicted of the following offenses, that I cannot be employed by this Agency.

A. I have not ever been convicted of the following crimes:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnapping and unlawful restraint);
- An offense under Section 21.02, Penal Code (continuous sexual abuse of a young child or children);
- An offense under Section 21.11, Penal Code (indecent with a child);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault);
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- An offense under Section 22.041, Penal Code (abandoning or endangering child);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02, Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery); or
- An offense under section 21.08, Penal Code (indecent exposure);
- An offense under section 21.12, Penal Code (improper relationship between educator and student);
- An offense under section 21.15, Penal Code (improper photography or visual recording);
- An offense under section 22.05, Penal Code (deadly conduct);
- An offense under section 22.021, Penal Code (aggravated sexual assault);
- An offense under section 22.07, Penal Code (terroristic threat);
- An offense under section 33.021, Penal Code (online solicitation of a minor);
- An offense under section 34.02, Penal Code (money laundering);
- An offense under section 35A.02, Penal Code (Medicaid fraud);
- An offense under section 36.06, Penal Code (obstruction or retaliation);
- An offense under section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal code (cruelty to nonlivestock animals); or
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed in this section, and
- An offense that the Agency determines to be a contra-indication to employment with the consumers the Agency serves.

B. I have not been convicted of the following crimes within five years of this date:

- An offense under section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
- An offense under section 30.02, Penal Code (burglary);
- An offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
- An offense under section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or as a felony
- An offense under section 32.46 Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony;
- An offense under section 37.12, Penal Code (false identification as a police officer); or
- An offense under section 42.01(a) (7), (8) or (9) Penal Code (disorderly conduct).

I understand that all information obtained by this Agency regarding my criminal history will remain confidential. I certify that the information on this form contains no willful misrepresentation and that the information is true and complete to the best of my knowledge.

Applicant Signature: _____ Printed Name: _____ Date: _____