



Hands of Hope

*** Once hired, you are required and responsible to get the following before you can be put on a shift! ***

TB Test:

\$30.00

Houston County Health Department

98 Cohen Walker Dr

Warner Robins, GA 31088

478-218-2000

Drug Test:

\$25.00

Houston County Health Department

Background and Fingerprint Check:

\$53.00

-Background done in office

-Fingerprints have to be scheduled

Fieldprint Sites:

Optimum Solutions Laboratory

124 Galan Dr Unit 9

Byron, GA 31008

(across from Byron Elementary)

478-273-3909

Monday-Saturday 5:30pm to 9pm **ONLY**



Hands of Hope

More Than Mail

1412 Russell Pkwy

Warner Robins, GA 31088

Corner of Russell Pkwy and Self St.

Next to State Farm Insurance

478-328-6245

Monday- Friday 10am-4pm

CPR- NO ONLINE COURSE

Houston County Health Department

98 Cohen Walker Dr

Warner Robins, GA 31088

\$55.00

\$35.00 if you attend the class Hands of Hope schedules

478-218-2000 Ext. 133

**By signing this document, you are agreeing to complete all of the requirements
and keep them up to date.**

X _____

Date: _____



Hands of Hope Private Home Care, LLC Employment Application

905 Ball St, Perry, GA 31069

478-988-4673

03handsofhope@gmail.com

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us, and independently owned and operated Hands of Hope Private Home Care, LLC. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

Today's Date: _____ Social Security #: _____ Birthdate: _____

Position(s) Applied For: _____ Email: _____

Name: _____

Last

First

Middle

Current Address: _____

Street

City

State

Zip Code

Previous Address: _____

Street

City

State

Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Alternate Phone: (_____) _____

Emergency Contact(s): _____ (_____) _____

Name

Phone

_____ (_____) _____

Name

Phone

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

Make & Model of Vehicle: _____ Year of Vehicle: _____

Auto In. Co.: _____ Policy #: _____ Exp Date: _____

Have you ever submitted an application here before? **Yes / No** If yes, when? _____

Have you ever been employed here before? **Yes / No** If yes, when? _____

How did you hear about Hands of Hope Private Home Care? _____

Have you been given a copy of the job description for the position for which you have applied to review?

Yes / NO

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes / No**

Why are you interested in employment with us? _____

AVAILABILITY

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

What date are you available to work? _____

Please complete all areas of availability:

___ Mornings ___ Afternoon ___ Evenings ___ Overnights ___ Weekdays ___ Weekends

Please indicate the days of the week as well as the earliest and latest times hat you are available to work:

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift	From:							
	To:							

PREFERENCES

Please indicate all areas and surrounding areas in which you are willing to work: _____

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

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Errands/Shopping/Transportation*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care/Hygiene
<input type="checkbox"/>	Activities (games/crafts, etc.)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer's Care

**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 ones: ___ Cats ___ Dogs

Are you willing to provide services to a client that smokes? Yes / No Do you smoke? Yes / No

JOB RELATED SKILLS

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

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

What do you like (or think you would like) most about working with older adults?

What do you like (or think you would like) least about working with older adults?

What personal rewards do you get from working with seniors? _____

EDUCATION*

Please circle the highest grade completed

Grade School: 6 7 8

High School: 9 10 11 12

College: 13 14 15 16 16+

School Type	School Name	City, State	Major/Subject	# Years Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

For employment our minimum education requirement is either a GED or High School diploma

WORK HISTORY (5 years' worth of employment)

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

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: from _____ to _____ Salary: \$ _____ per _____
 Job Title _____ Supervisor _____
 Job Duties _____

Reason for Leaving _____

SECOND MOST RECENT EMPLOYER

_____ (_____) _____
 Company Name _____ City _____ State _____ Phone Number _____
 Dates Employed: from _____ to _____ Salary: \$ _____ per _____
 Job Title _____ Supervisor _____
 Job Duties _____

Reason for Leaving _____

THIRD MOST RECENT EMPLOYER

_____ (_____) _____
 Company Name _____ City _____ State _____ Phone Number _____
 Dates Employed: from _____ to _____ Salary: \$ _____ per _____
 Job Title _____ Supervisor _____
 Job Duties _____

Reason for Leaving _____

SECURITY

Please be sure to complete the attached authorization to do a criminal and motor vehicle background check.

As a condition of employment, all employees must be "Bondable" and "Insurable." Are you at least 18 years of age? **Yes / No**

List states *and* counties of residence for the past seven years:

Have you had any moving traffic violations? **Yes / No** If yes, please describe:

Have you been charged/convicted of a felony and/or misdemeanor or served time? **Yes / No**

If yes, please describe:

	<u>Incident</u>	<u>City/State</u>	<u>Charge</u>
1)	_____	_____	_____
2)	_____	_____	_____
	_____	_____	_____

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years? **Yes / No**

If yes, what states: _____

REFERENCES (Do not include relatives)

Please complete all references. Since we will contact these references, please notify them in advance. If we are unable to reach all references, you will be asked to provide additional references.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		
4)	H () W ()	AM / PM AM / PM		
5)	H () W ()	AM / PM AM / PM		
6)	H () W ()	AM / PM AM / PM		

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) 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 misrepresentations of facts in this application may result in 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 of this 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 release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between Hands of Hope Private Home Care, LLC and myself is terminable at-will, so that both the company and I remain free to choose to end our 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 read, understand, and agree 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