



Dear Applicant;

Thank you for your interest in GeriatricCare® Home Health. Enclosed is our Application for Employment for Home Health. Please complete the enclosed forms:

- (1) The Application
- (2) Three signed Reference forms (complete top part: Name of Candidate, Name of Reference and Phone Number); complete and sign at bottom.
- (3) Your resume
- (4) Signed Disclosure Statement
- (5) The Aide Skills Checklist

In addition, you will need to include:

- (1) A copy of your License
- (2) Copies of your CPR & First Aid
- (3) PPD or Chest X-Ray (within six months)
- (4) Copy of your current auto insurance and drivers license
- (5) Any letters of recommendation/praise or awards
- (6) Times/ days you are available to work
- (7) Continuing education that you have received within last year

Mail your completed application packet to:

GeriatricCare® Management, Inc.
6422 Grovedale Dr. Suite 202
Alexandria, VA 22310

After receiving **ALL** of the above information, Blair Merkli (extension 15) will contact you if we have any other questions or to schedule an interview. Thank you again for your interest in GeriatricCare® Home Health!

Regards,

Stephanie Thomopoulos, BCD, CMC
President/Administrator of GeriatricCare® Home Health



APPLICATION FOR EMPLOYMENT HOME HEALTH

PERSONAL INFORMATION

Name (Last name First)		Social Security No.	
Present Address	City	State	Zip
Are you 18 years or older <input type="checkbox"/> Yes <input type="checkbox"/> No	Day phone	Evening phone	

DESIRED EMPLOYMENT

Position applied for	Date you can start	Salary desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, may we make an inquiry of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who referred you to this company?	Are you applying for	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

LICENSURE/CERTIFICATION

License Type	License/Certification No.	State	Expiration Date
CPR Expiration Date	Last TB/CRX Date		

EDUCATION

School Level	Name and Location of School	# Years Attended	Did you Graduate?	Subjects Studied
<input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> CNA <input type="checkbox"/> RNA				
College				
Trade, Business Or Correspondence School				

GENERAL INFORMATION

Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language, additional work experience, volunteer work, activities, accomplishments, publications etc.
Special training _____
Special Skills _____

FORMER EMPLOYERS

List your last three employers, starting with the most recent one first.

Name of present or last employer			
Address		City	State Zip
Starting date	Leaving date	Job title	
Weekly starting salary	Weekly final salary	May we contact your supervisor? Yes No	
Name of supervisor		Title	Phone
Description of work			
Reason for leaving _____			

Name of employer			
Address		City	State Zip
Starting date	Leaving date	Job title	
Weekly starting salary	Weekly final salary	May we contact your supervisor? Yes No	
Name of supervisor		Title	Phone
Description of work			
Reason for leaving _____			

Name of employer			
Address		City	State Zip
Starting date	Leaving date	Job title	
Weekly starting salary	Weekly final salary	May we contact your supervisor? Yes No	
Name of supervisor		Title	Phone
Description of work			
Reason for leaving _____			

PERSONAL REFERENCES

Below, give the names of three persons you are not related to whom you have known for at least one year.

Name	Address	Relationship	Phone #	Years known
1				
2				
3				

AUTHORIZATION

Are you legally authorized to work in the USA? Yes No
(Should you become employed by GeriatriCare® Home Health, you will be required to provide documentation proving that your eligibility to work in the USA).

Have you ever been convicted of or are presently charged with a felony or misdemeanor crime? Yes No

Are you currently or have you in the past used illegal drugs? Yes No

If yes to above, what crime and dates of conviction or charge _____

(This does not apply if there was a juvenile conviction. A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since the occurrence, and any rehabilitation you have undergone).

I authorize GeriatriCare® Home Health to obtain any relevant information (including extensive local and national criminal background checks, social security verification credit history and motor vehicle investigations) needed to make an employment decision. I authorize GeriatriCare® Home Health to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal contractual, or accreditation audits purposes. I also authorize GeriatriCare® Home Health to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release GeriatriCare® Home Health from any individual or entity providing information to GeriatriCare® Home Health from all liability for any damages from the disclosure of the information.

I understand and agree that nothing contained in this employment application or in granting an interview creates an employment contract between GeriatriCare® Home Health and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me. If I am offered employment, I understand that it is conditional upon a clear criminal background check and that the employment can be terminable “at will”, and that I have a right to terminate my employment at any time and that GeriatriCare® Home Health also retains a similar right to terminate my employment at any time.

I understand that should I become employed by GeriatriCare® Home Health, my work assignments, schedules and work locations are subject to change according to the needs of the business and the clients of GeriatriCare® Home Health.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application shall be considered grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed to you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature _____

Date _____

Pursuant to Title VII of the Civil Rights Act of 1964 (42 U.S.C. Et Seq) and 45 C.F.R. part 80, section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794) and 45 C.F.R. Part 84, and the Age Discrimination Act of 1975 (42 U.S.C/ 6101 Et Seq) and 45 C.F.R. Part 91, GeriatriCare® Home Health adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment , and for all persons employed by the agency. GeriatriCare® Home Health does not discriminate because of age, race, color, religion, military status, marital status, gender preference, sex, national origin or disability.



REFERENCE

Telephone _____

Mailed _____

Name of Candidate: _____

Name of reference: _____

Phone Number: _____

1. _____, has given you as a reference. When did he/she work for you?

2. Would you hire him/her again? If not, why not?

3. What were his/her strengths?

4. What areas were of most concern to you?

5. On a scale of one to 5 with 5 being the highest, how would rate him/her in the following categories:

Punctuality

Neatness

Caring

Hard working

Attentive

6. Is there anything else you could tell me about this person?

I consent to have Geriatricare® Home Health to obtain and for above agency to release information about my work history.

Signature: _____



AIDE SKILLS CHECKLIST

Name _____

Date _____

Please check any that apply:

Registered Nurse Aide Certified Nurses Aide Home Health Aide

Other _____

Please check only those skills you are currently clinically competent to perform:

Complete Bed Bath

Vital Signs – pulse, Temp, Resp.

Partial Bath

Blood Pressure

Assist Patient with Bath/Shower

Weigh Patient - Standing Scale

Skin Care

Enema – Fleets/SS

Back Care

Heat – Cold Packs Application

Oral Care

Wound Care

Hair Care

Assess for changes

Shave Patient

Know signs of Infection

Nail Care

Reinforce Dressing

Turn and Reposition

Change Simple dressings

Passive ROM

Make a bed -Unoccupied/Occupied

Bedpan – Urinal

Side Rails

Incontinence Care

Restraints

Catheter Care-Cleaning, Emptying Bag

Transfer Patient

Ostomy –Change/Clean Bag

To/From Bed

Support Hose

To/From Chair/Wheelchair

Dressing Patient

To/From Toilet

Assist Patient's Ambulation

To/From Bathtub/Shower

With Walker

Other _____

With Cane

With Crutches

DISCLOSURE STATEMENT

GeriatricCare Home Health conducts a criminal background check on all employees who will provide direct care services to children, developmentally disabled individuals and vulnerable adults. Prior to making this check you are required by law to disclose any convictions or pending charges within or outside the Commonwealth of Virginia. By signing this document you are attesting that you have never been convicted of any of the following. If you have been convicted, please circle the number and discuss it with your interviewer. This information will be kept confidential.

1. Convicted of any crime against children or other persons:

Aggravated murder, first or second degree murder, first or second degree kidnapping, first, second or third degree assault; first, second or third degree assault of a child; first, second or third degree rape; first, second or third degree rape of a child; first or second degree robbery, first degree arson, first degree burglary; first or second degree manslaughter, first or second degree extortion, indecent liberties, incest; vehicular homicide, first degree promotion of prostitution; communication with a minor, unlawful imprisonment; simple assault; sexual exploitation of a minor; first or second degree criminal mistreatment; child abuse or neglect, first or second degree custodial interference; malicious harassment; first, second or third degree child molestation, first or second sexual misconduct with a minor, patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault, violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.

2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult:

A conviction for first, second or third degree extortion; first, second or third degree theft,; first or second degree robbery, forgery; or any of these crimes that maybe renamed in the future. A vulnerable adult is an adult who lacks the functional, mental or physical ability to care for themselves.

3. Convicted of crimes related to drugs: A conviction of a crime to manufacture, deliver, or possession with intent to manufacture or deliver a controlled substance.

4. Found in any dependency action; to have sexually assaulted or exploited any minor or to have physically abused any minor.

5. Found by a court in a domestic relations proceedings; to have sexually abused or exploited any minor or to have physically abused any minor.

6. Found in any disciplinary board final decision to; have sexually or physically abused or exploited any minor, developmentally disabled person or to have abused or financially exploited any vulnerable adult; any final decision issued by a disciplining authority under chapter 18.130 RCM or the secretary if the department of health for the following business or professions; Chiropractic, Dentistry, Dental Hygiene, Massage, Midwifery, Naturopathy, Osteopathic medicine and surgery, Physical Therapy, Physicians, Practical Nursing, Registered Nursing and Psychology.

7. Found by a court in a protection proceeding; to have abused or financially exploited a vulnerable adult. The illegal or improper use of a vulnerable adult or that adult's resources for another person's profit or advantage.

Employee signature _____ Date _____

Witness signature _____ Date _____