

T & Bee's Loving Hearts Home Care Agency

Employment Application Packet

Owner/CEO: Tiana Ballinger
Email Application to: seat308@aol.com

Equal Opportunity Statement

T & Bee's Loving Hearts Home Care Agency is an Equal Opportunity Employer and does not discriminate based on any protected status under federal, state, or local law.

Position Applying For

Position: DCW Caregiver Other: _____
Type: Full-Time Part-Time PRN Live-In Start Date: _____

Applicant Information

Name: _____ DOB: _____
SSN: _____
Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Transportation: Yes No Driver's License: Yes No DL #: _____ State: _____

Eligibility

Authorized to work in U.S.: Yes No Convicted of a crime: Yes No
If yes, explain: _____

Availability

Days: M T W Th F Sa Su
Shift: Day Evening Overnight Flexible Hours/Week: _____

Education & Certifications

High School/GED: _____ Graduated: Yes No
College/Training: _____
Certifications: CPR First Aid Med Training Other: _____
License #: _____ Exp: _____

Work Experience (Last 2 Employers)

Employer 1: _____
Position: _____ Dates: _____ to _____
Supervisor/Phone: _____
Responsibilities: _____
Reason for Leaving: _____

Employer 2: _____
Position: _____ Dates: _____ to _____
Supervisor/Phone: _____
Responsibilities: _____
Reason for Leaving: _____

Home Care Experience

Experience in non-medical care: Yes No
Skills: Personal Care Dressing Toileting Meals Housekeeping Companionship Transfers
Mobility Med Reminders Dementia Hospice Respite
Years Experience: _____

Skills Assessment

Strengths: _____
Handling difficult situations: _____
Why work here: _____

Work References (REQUIRED – 2 ONLY)

Reference 1 (Work): Name: _____ Company: _____

Relationship: _____ Phone: _____

Reference 2 (Work): Name: _____ Company: _____

Relationship: _____ Phone: _____

Background Check Authorization

I authorize criminal, ChildLine, FBI (if required), and employment verification checks.

Signature: _____ Date: _____

TB Screening Requirement

I will complete TB screening prior to client contact and annually.

Signature: _____ Date: _____

Drug-Free Workplace

I will not report to work under the influence of drugs or alcohol. Marijuana is strictly prohibited while working with clients or on duty.

Signature: _____ Date: _____

Confidentiality Agreement

I will protect all client information and follow HIPAA guidelines.

Signature: _____ Date: _____

At-Will Employment

Employment is at-will and may be terminated at any time.

Signature: _____ Date: _____

Applicant Certification

I certify all information is true and understand all policies.

Signature: _____ Date: _____

Signature of Employee

My signature below indicates that I have completed this application truthfully and to the best of my knowledge.

Employee Signature: _____ Date: _____

Office Use Only

Interview Date: _____ Interviewer: _____ Hired Not Hired Start Date: _____

Notes: _____

