

# T & Bee's Loving Hearts Home Care Agency

## Employment Application Packet

Owner/CEO: Tiana Ballinger

### 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: \_\_\_\_\_

