

# **New Hire Packet: Application/Orientation**

## **for Signatures**

**(Excludes W-4 and I-9 – Download current year online)**

## 246.01 APPLICATION FOR EMPLOYMENT

### Community Choice Home Care EQUAL OPPORTUNITY EMPLOYER

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Number City State Zip Length of Residence

Please list other states where you've worked: \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Date avail. for work \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_ Are you presently employed? \_\_\_\_\_

Are you eligible to work in the U.S.? \_\_\_\_\_ Do you possess a valid drivers license? \_\_\_\_\_

Position you are applying for? \_\_\_\_\_ Salary requirements \_\_\_\_\_

Are you available to work ☐ Full-time ☐ Part time ☐ Shift work ☐ Temporary

Skills and Qualifications

\_\_\_\_\_

How did you hear about Community Choice Home Care? \_\_\_\_\_

Certifications/licenses applicable to the position applying for \_\_\_\_\_

List any career objectives you may have \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, when, where, and disposition of offense?

\_\_\_\_\_  
(Record of conviction does not necessarily disqualify an applicant from employment considerations.)

EDUCATION			
School Name/Address/Telephone	Number of Yrs. Completed	Area of Study	Did you Graduate?

## EMPLOYMENT HISTORY

Page 2 of 2

Begin with last position first

Company Name Phone/Address	Supervisor	Dates Month/Year	Position Held	Rate of Pay	Reason for Leaving
		To: From:			
		To: From:			
		To: From:			
		To: From:			

May we contact your present employer? \_\_\_\_\_ \*\*At least 7 years of work history must be provided. \*\* (Attach addl. Paper if necessary)

## REFERENCES

Give name, address, and telephone number for two references who are not related to you and are not previous employers.

1. \_\_\_\_\_

2. \_\_\_\_\_

**I understand and agree that:** Any material misrepresentation or deliberate omission of a fact in my application may result in refusal of or if employed, immediate termination from employment. Although management makes every effort to accommodate individual preference, business needs may at times make the following conditions mandatory: overtime, shift work, rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment. It is my understanding that Community Choice Home Care of will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Community Choice Home Care and I release from liability any person giving or receiving such information. I agree that my employment is at will and may be terminated by Community Choice Home Care or me at any time with or without notice or cause and without liability for wages or salary except such as may have been earned at the date of such termination. I further understand this is an application for employment and that no employment contract is being offered, nor will any result from my employment with Community Choice Home Care. I understand that if I am employed, such employment is for no definite period of time and that Community Choice Home Care can change wages, benefits, and conditions at any time.

I acknowledge that any oral representation or written statements which may have been made to me to the contrary of this paragraph are expressly disavowed and may not be relied upon.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REFERENCE CHECKS

Reference	Comments	Checked by
1		
2		
3		

## 246.03 Companion Skills and Availability Checklist

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Check the job title that best describes the job(s) you are applying for:

- Homemaker/Companion (no hands on care): \_\_\_\_\_
- Caregiver (some hands on care, including toileting/bathing): \_\_\_\_\_
- Skilled (complete hands on care, including bathing, toileting/transferring): \_\_\_\_\_

### Please fill out any that apply:

CNA: Yes \_\_\_\_\_ or No \_\_\_\_\_ Certificate # \_\_\_\_\_ Expires: \_\_\_\_\_  
 CPR: Yes \_\_\_\_\_ or No \_\_\_\_\_ Certificate # \_\_\_\_\_ Expires: \_\_\_\_\_  
 First Aid: Yes \_\_\_\_\_ or No \_\_\_\_\_ Certificate # \_\_\_\_\_ Expires: \_\_\_\_\_  
 CMA: Yes \_\_\_\_\_ or No \_\_\_\_\_ Certificate # \_\_\_\_\_ Expires: \_\_\_\_\_  
 Med Tech: Yes \_\_\_\_\_ or No \_\_\_\_\_ Certificate # \_\_\_\_\_ Expires: \_\_\_\_\_  
 LVN: Yes \_\_\_\_\_ or No \_\_\_\_\_ Certificate # \_\_\_\_\_ Expires: \_\_\_\_\_

### **Availability**

Insert an "am" time to a "pm" time or check days or nights. Days or nights may be 8-12 hour shifts. Keep in mind your travel time. The Agency provides caregivers to clients 24 hours per day.

	AM	PM	Days	Nights
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Willing to do live in? Yes ☐ No ☐

### Check the job skills you have experience in and will perform:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> Client Positioning    | <input type="checkbox"/> Catheter Care            | <input type="checkbox"/> Client Transferring   | <input type="checkbox"/> Range of Motion Exercises |
| <input type="checkbox"/> Colostomy Care        | <input type="checkbox"/> Skin Care                | <input type="checkbox"/> Hoyer Lift Transfer   | <input type="checkbox"/> Assistance w/ Dressing    |
| <input type="checkbox"/> Bed Bath              | <input type="checkbox"/> Bed Pan                  | <input type="checkbox"/> Assistance w/ Bathing | <input type="checkbox"/> Assistance w/ Toileting   |
| <input type="checkbox"/> Oxygen Administration | <input type="checkbox"/> Assistance w/ Ambulation |  |  |

### Check the following conditions/diagnosis with which you have experience and job skills to care for a client:

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Alzheimer's/Memory Loss | <input type="checkbox"/> Visual Impairment          | <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> MHMR                     |
| <input type="checkbox"/> Aids                    | <input type="checkbox"/> Paralyzed                  | <input type="checkbox"/> Fractured Hip      | <input type="checkbox"/> Quad or Paraplegic Care  |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Parkinson's                | <input type="checkbox"/> Hepatitis          | <input type="checkbox"/> Other _____              |
| <input type="checkbox"/> Dementia/Aggressiveness | <input type="checkbox"/> Amputee                    | <input type="checkbox"/> Cataracts          | <input type="checkbox"/> Congestive Heart Failure |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Decubitus Ulcer/Prevention | <input type="checkbox"/> Malnutrition       | <input type="checkbox"/> Kidney Dialysis          |
| <input type="checkbox"/> Alcoholism              | <input type="checkbox"/> Stroke, Right Side         | <input type="checkbox"/> Stroke, Left Side  | <input type="checkbox"/> Shingles                 |
| <input type="checkbox"/> Incontinence            | <input type="checkbox"/> Arthritis                  | <input type="checkbox"/> Brain Tumor        | <input type="checkbox"/> Pneumonia                |
| <input type="checkbox"/> Osteoporosis            | <input type="checkbox"/> Chemo/Radiation Treatment  | <input type="checkbox"/> Speech Impairment  | <input type="checkbox"/> Hospice                  |

### Check the job responsibilities you are willing to do:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Formal Serving | <input type="checkbox"/> Tray Service         | <input type="checkbox"/> Family Cooking          | <input type="checkbox"/> Plain Cooking       |
| <input type="checkbox"/> Fancy Cooking  | <input type="checkbox"/> Special Diet Cooking | <input type="checkbox"/> Menu Planning           | <input type="checkbox"/> Shopping            |
| <input type="checkbox"/> Errands        | <input type="checkbox"/> Laundry              | <input type="checkbox"/> N/A                     | <input type="checkbox"/> Launder Linens Only |
| <input type="checkbox"/> Housekeeping   | <input type="checkbox"/> Clean Home           | <input type="checkbox"/> Clean Clients Bath Room |  |

### Check the home medical equipment you are experience with:

- |                                      |   |                                       |                                     |
|--------------------------------------|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Walker      | <input type="checkbox"/> Wheelchair         | <input type="checkbox"/> Gait Belt    | <input type="checkbox"/> Hoyer Lift |
| <input type="checkbox"/> Oxygen Tank | <input type="checkbox"/> Blood Pressure Kit | <input type="checkbox"/> Hospital Bed | <input type="checkbox"/> Posey Belt |
| <input type="checkbox"/> Thermometer |   |                                       |                                     |

### Check the additional skills and protocols you are experience with and would be willing to do:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> First Aid (band aids/antiseptic)    | <input type="checkbox"/> Hearing Aids (inserting/removing)       | <input type="checkbox"/> Bed/Side Rails                      |
| <input type="checkbox"/> Oral Care (Brushing/Teeth/Dentures) | <input type="checkbox"/> Ted Hose                                | <input type="checkbox"/> Fluid Intake/Restriction            |
| <input type="checkbox"/> Bedside Commode                     | <input type="checkbox"/> Shower Chair/Grab Bars                  | <input type="checkbox"/> Heimlich Maneuver                   |
| <input type="checkbox"/> Shaving                             | <input type="checkbox"/> Gloves (uses)                           | <input type="checkbox"/> Daily Notes/Documentation of Care   |
| <input type="checkbox"/> Air Mattresses                      | <input type="checkbox"/> Formal Dementia Training (Certificates) | <input type="checkbox"/> Incident Reports                    |
| <input type="checkbox"/> Post Mortem Care                    | <input type="checkbox"/> Nail Care (cleaning/filing)             | <input type="checkbox"/> Universal Precautions/Hand Washing  |
| <input type="checkbox"/> Foot Care (not for Diabetics)       | <input type="checkbox"/> Emergency Protocols                     | <input type="checkbox"/> Professional Boundaries (Emotional) |
| <input type="checkbox"/> Peg Tube Training                   |  |  |

**Please insert (below) the COMPANY NAME, PHONE NUMBER and SUPERVISOR of the last 3 companies you worked for and fill out the paragraph below with your signature.**

Employer #1	Employer #2	Employer #3

Dear Employer \_\_\_\_\_: I, (applicant name) \_\_\_\_\_, (last four numbers of your Social Security Number \_\_\_\_\_) have applied for a position as a Caregiver with Community Choice Home Care. I understand that they will make a thorough investigation of my entire work history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Community Choice Home Care. I release from liability any person giving or receiving such information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicants – Please Do NOT write below this line. Thank you.**

### Employer Reference Please Complete

CHARACTERISTICS	EXCELLENT	GOOD	AVERAGE	POOR	NO BASIS TO JUDGE
Work attitude (rapport, cooperation, enthusiasm)					
Dependability (completes tasks)					
Respect for company policies					
Ability to follow directions					
Quality of work (prompt, efficient, initiative)					
Initiative					
Attendance					
Emotional stability (exercises self control)					
General appearance (appropriate dress, grooming)					
OVERALL RATING					

**Dates of Employment:** \_\_\_\_\_ **To** \_\_\_\_\_ **Position Held** \_\_\_\_\_

**Final Rate of Pay \$** \_\_\_\_\_ **Per** \_\_\_\_\_ **Eligible for Rehire: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Comments** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Please return by email to:** \_\_\_\_\_ **or fax to** \_\_\_\_\_.

**Thank you, Administrator, Community Choice Home Care**

## 247.20 DPS Computerized Criminal History Verification

### DPS Computerized Criminal History (AGENCY) Verification COMMUNITY CHOICE HOME CARE COPY

I, \_\_\_\_\_, acknowledge that a Computerized Criminal History (AGENCY) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this Community Choice Home Care to access in individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The Community Choice Home Care may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdpsstatetx.us/CrimeRecords/](http://www.txdpsstatetx.us/CrimeRecords/) Review of Personal Criminal History or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the Community Choice Home Care listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your Community Choice Home Care. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Community Choice Home Care \_\_\_\_\_

\_\_\_\_\_  
Community Choice Home Care Representative (Please Print)

\_\_\_\_\_  
Signature of Community Choice Home Care Representative

\_\_\_\_\_  
Date

<b>Please:</b>	
<b>Check and Initial each Applicable Space</b>	
AGENCY Report Printed:	
YES ____ NO ____	____ initial
Purpose of AGENCY: _____	
Empl ____ Vol/Contractor	____ initial
Date Printed: _____	____ initial
Destroyed Date _____	____ initial
<b>Retain in your files</b>	

## 247.21 STATEMENT REGARDING BACKGROUND CHECKS

I understand that Community Choice Home Care will conduct a State of Texas Department of Public Safety criminal history check and search the Nurse Aide Registry and the Employee Misconduct Registry to determine if I have a criminal conviction barring employment according to Texas Health and Safety Code, Chapter 142, section 250.006 or have committed certain conduct which would bar me from employment with vulnerable adults. If I become employed with Community Choice Home Care, this will also be done annually to verify continued qualification of employment.

I understand that I may not be hired if I have any criminal conviction or am listed in the Nurses Aid Registry or listed in the Employee Misconduct Registry, or the National Sex Offender Registry.

I authorize Community Choice Home Care to contact my professional references listed below to discuss details of my employment with an appropriate representative.

Employee Name (Please Print)

Date \_\_\_\_\_

Employee Signature

### CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of our customers, employees and property, **Community Choice Home Care** (the "Company") will order a "consumer report" (a background report) or "investigative consumer report" on you in connection with your employment application, and if you are hired, or if you already work for the Company, may order additional background reports on you for employment purposes.

The background check company, ADP Screening and Selection Services, will prepare the background report for the Company. ADP Screening and Selection Services is located at 301 Remington Street, Fort Collins, CO, 80524, and can be reached by phone at 800-367-5933 or at their Internet Web site address [www.adpselect.com](http://www.adpselect.com).

The background report may contain information concerning your character, general reputation, personal characteristics, mode of living, and credit standing. The types of information that may be ordered include but are not limited to: Social Security number verification; criminal, public, educational and, as appropriate, driving records checks; sex offender registries; verification of prior employment; reference, licensing and certification checks; credit reports; drug testing results; and, if applicable, worker's compensation injuries. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. Credit history will only be requested when permitted by law and where such information is substantially related to the duties and responsibilities of the position for which you are applying. The information may be obtained from private and public record sources, including personal interviews with your associates, friends, and neighbors. (An "investigative consumer report" is a background report that includes information from such personal interviews, except in California where that term means any background report that is not a credit report.) The nature and scope of the most common form of investigative consumer report is an investigation into your education and/or employment history conducted by ADP Screening and Selection Services or another outside organization. You may request more information about the nature and scope of an investigative consumer report, if any, by telephoning the Company at \_\_\_\_\_. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights summarized on A Summary of Your Rights Under the Fair Credit Reporting Act and A Summary of Your Rights Under the Provisions of California Civil Code Section 1786.22 as provided here.

### AUTHORIZATION FOR BACKGROUND CHECKS

After carefully reading this Background Check Disclosure and Authorization form, I authorize the Company to order my background report, including investigative consumer reports. I understand that the Company may rely on this authorization to order additional background reports, including investigative consumer reports, during my employment without asking me for my authorization again as allowed by law.

I also authorize the following agencies and entities to disclose to ADP Screening and Selection Services and its agents all information about or concerning me, including but not limited to: my past or present employers; learning



institutions, including colleges and universities; law enforcement and all other federal, state and local agencies; federal, state and local courts; the military; credit bureaus; testing facilities; motor vehicle records agencies; if applicable, worker's compensation injuries; all other private and public sector repositories of information; and any other person, organization, or Community Choice Home Care with any information about or concerning me. Workers' compensation information will only be requested in compliance with federal Americans with Disabilities Act and/or any other applicable federal, state or local laws and only after a conditional job offer is made. The information that can be disclosed to ADP Screening and Selection Services and its agents includes, but is not limited to, information concerning my employment history, earnings history, education, credit history, motor vehicle history, criminal history, military service, professional credentials and licenses and substance abuse testing.

I agree the Company may rely on this authorization to order background reports, including investigative consumer reports, from companies other than ADP Screening and Selection Services without asking me for my authorization again as allowed by law. I also agree that a copy of this form is valid like the signed original. I certify that all of the personal information I provided is true and correct.

**BACKGROUND CHECK INFORMATION:**

The information requested below is collected solely for the purpose of aiding the Company in running a background check in connection with your application for employment. The employer is requesting that you provide this information to assist in conducting a thorough background check.

For residents of, or for jobs located in Utah, please do NOT provide your date of birth, social security number or driver's license number until instructed to do so by the Company.

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State Issuing License \_\_\_\_\_

The following states require sex and race to obtain information: AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex: ☐ Male ☐ Female Race: ☐ Asian ☐ Black ☐ Hispanic ☐ White ☐ Not Hispanic ☐ Hawaiian ☐ Other

Enter Any Other Names Used (including maiden names):

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Addresses Within The Past Seven Years (*use a separate sheet as needed*)

Present Street Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Prior Street Address \_\_\_\_\_

From \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year) To \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

City/State/ZIP \_\_\_\_\_

Page 4 of 7 v1112

**Para informacion en espanol, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

**For a Summary of Your Rights Under the Fair Credit Reporting Act go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local protection Community Choice Home Care or your state Attorney General.**