

Applicant Screening

Applicant Name _____ Date _____

Instructions: Please circle the appropriate answer. Provide an explanation to all "yes" answers in the space below. You may use the back of this form if more space is needed.

- | | | |
|---|-----|----|
| 1. Have you ever been disciplined by any state Licensing Board? | Yes | No |
| If so, provide date, _____ state, _____ and reason, _____ | | |
| 2. Have you ever been dependant upon, or received treatment for alcohol or drug use? | Yes | No |
| 3. Have you ever had your driver's license suspended or revoked for any reason? | Yes | No |
| 4. Have you ever been a defendant in any lawsuits? | Yes | No |
| 5. Do you have any lawsuits pending? | Yes | No |
| 6. Have you ever been accused, arrested or convicted of abuse or neglect? | Yes | No |
| 7. Have you ever been arrested and/or convicted of any crimes? | Yes | No |
| 8. Have you ever served any terms in jail/prison? | Yes | No |
| 9. Do you have any allergies that would prevent you from providing care to clients in their homes.? | Yes | No |
| 10. Do you have a car? | Yes | No |
| 11. Do you have car insurance? | Yes | No |
| 12. Will you provide us with proof of insurance? | Yes | No |
| 13. Do you have any limitations that would prevent you from performing your job duties? | Yes | No |
| 14. All employees must be able to lift 50 pounds. Do you have any lifting restrictions? | Yes | No |
| 15. Have you ever used any other names than those provided on your application? | Yes | No |
| 16. Have you ever been sanctioned from providing services to Medicare recipients | Yes | No |
| 17. Have you ever had a different social security number than that listed on your application? | Yes | No |

Please provide any further explanations in the space below:

I, the undersigned do certify that the above information is accurate and complete. Falsification of information on any employment documents is grounds for immediate termination from Silver Touch HHC.

I understand that it is my responsibility to notify my immediate supervisors of any changes to the answers above, within 48 hours of the change. Failure to do so may be grounds for termination.

Signature _____

Date _____

EMPLOYMENT APPLICATION

Last Name		First Name		MI	Date:
Address:			Social Security #:		
City:			Date of Birth:		
State:		ZIP:		Home Phone:	
				Cell Phone:	
Email Address:			Date Available:		
Shift Available:		Days	Nights	Evenings	
			Desire Wages:		
Position Applied For:			Years Experience:		
Emergency Contact:			Relationship:		Phone:
Are you citizen of the Untied States:			If no, Are you authorized to work in US:		
Yes		No		Yes	
				No	
Have you ever been convicted of a felony?			If yes, explain		
Yes		No			
List all names/ aliases you have ever used:			Do you have a valid driver's license?		
			Yes		No

Previous Employment

Please list last three employers, starting with the most recent

Employer Name	Job Title	Employed From	Employed To	Payrate

Education

High School		Address		
From	To:	Did you graduate	Degree:	
College:		Address:		
From:	To;	Did You graduate	Degree:	
Other:		Address:		
From:	To;	Did you graduate	Degree:	

I the undersigned do hereby swear that the above information is correct and that the following is my original signature. I understand that False information on any application is grounds for termination. I certify this is my original signature, which may be used in conjunction with electronic documentation.

Date: _____ **Signature:** _____

Reserved for Office Use
