DISCLAIMER: All applicants are considered for all positions without regard to race, religion, color, sex, gender, sexual orientation, pregnancy, age, national origin, ancestry, physical or mental disabilities, medical conditions, military/veteran status, genetic information, marital status, ethnicity, or any other protected classification by applicable federal, state, and local laws.

|  |  |  |
| --- | --- | --- |
| **POSTION APPLYING FOR** | **DATE OF BIRTH** | **SOCIAL SECURITY #** |
|  |  |  |
| **PRINT NAME (FIRST, MIDDLE, LAST)** |
|  |
| **CURRENT ADDRESS** |
| **CITY** | **STATE** | **ZIP CODE** |
| **MAIN PHONE NUMEBER** | **ALTERNATE NUMBER** | **EMAIL ADDRESS** |
|  |  |  |

PREVIOUS NAMES, INCLUDING ALIASES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF APPLICABLE, LIST PREVIOUS ADDRESSES AND DATES FOR THE PAST THREE (3) YEARS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you legally authorized to work in this country?

[\_\_\_] YES [\_\_\_] NO

1. Do you have adequate transportation to and from the client on time each day?

[\_\_\_]YES [\_\_\_] NO

 If no, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have a vehicle that can transport clients to appointments, and would you like to do that?

[\_\_\_] YES [\_\_\_] NO

If yes, you must provide a valid driver’s license, registration, and proof of auto insurance showing liability limits of at least $100,000 Combined Single Limit **[Your option]** if you will be transporting clients and limits of $20,000/$40,000/$10,000 if you will not be transporting clients.

1. Are you willing to submit to a post-offer Drug/Alcohol?

[\_\_\_] YES [\_\_\_] NO

1. Date you can begin working: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Days/Hours you can work (live-in or hourly): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. You may be required to provide services on short notice in the evenings, on weekends, and on holidays. Will you be able to do so?

[\_\_\_] YES [\_\_\_] NO

If no, please explain.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever worked for Serenity Care at Home before?

[\_\_\_] YES [\_\_\_] NO

If yes, please list dates of employment and why you left\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are any restrictions preventing you from performing this job, as they are all manual labor positions?

[\_\_\_]YES [\_\_\_] NO

If yes, is there reasonable accommodation that can be provided? Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you ever pleaded guilty, no contest to, or been convicted of any criminal offense? You are not required to disclose an arrest, criminal charge, plea, or conviction if the records have been erased under Connecticut law. Records subject to such erasure are records about a delinquency or that a child was a member of a family with service needs, youthful offenders, dismissed or nulled criminal charges, not guilty adjudications, or absolute pardons. Any person whose criminal records have been erased is deemed never to have been arrested and may swear so under oath.

[\_\_\_] YES [\_\_\_] NO

If yes, give the date, location, and type of conviction, plea, or no contest.

1. Have you served in the military? [\_\_\_] YES, [\_\_\_]NO

If yes, state the type of military discharge received (honorable, General, Dishonorable)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have any friends or relatives who work for Serenity Care at Home? [\_\_] YES [\_\_]NO

If yes, please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What Languages do you speak besides English? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Have you ever been discharged from a job, asked to resign, or had your services terminated early without notice? [\_\_\_] YES [\_\_\_]NO

|  |
| --- |
| **Education** |
|  | **Name of school** | **Did you Graduate** | **When (year)** |
| **High school** |  |  |  |
| **College** |  |  |  |
| **Special Schooling or Training**  |  |  |  |
| **CPR Certification** |  |  | **EXP Date** |

 List training, skills, or experiences you feel apply to the services we will need.

**Employment Experience**

Please list three previous employers for whom you have worked or provided contract services during the last five years. Explain any lapses in time.

|  |  |  |
| --- | --- | --- |
| **Name of Employer #1** | **Supervisor** | **Last Position**  |
|  |  |  |
| **Location Address** |
|  |
| **Phone Number**  | **Dates Employed (month/year)** |
|  | **From** | **To** |
| **Reason for leaving**  |
|  |
| **Duties:** |

Comment regarding lapses in your work, if applicable:

|  |  |  |
| --- | --- | --- |
| **Name of Employer #2** | **Supervisor** | **Last Position**  |
|  |  |  |
| **Location Address** |
|  |
| **Phone Number**  | **Dates Employed (month/year)** |
|  | **From** | **To** |
| **Reason for leaving**  |
|  |
| **Duties:** |

Comment regarding lapses in your work, if applicable:

|  |  |  |
| --- | --- | --- |
| **Name of Employer #3** | **Supervisor** | **Last Position**  |
|  |  |  |
| **Location Address** |
|  |
| **Phone Number**  | **Dates Employed (month/year)** |
|  | **From** | **To** |
| **Reason for leaving**  |
|  |
| **Duties:** |

Comment regarding lapses in your work, if applicable:

1. Make any comments you feel we should know when we contact your previous employer or clients:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List the name, current address, and telephone numbers of two people who can provide a past or current employer and a personal reference (not relatives):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When can you start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please state your availability below.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday  | Thursday | Friday | Saturday  | Sunday |
|  |  |  |  |  |  |  |

**CERTIFICATION**

I certify that the statements I made on this application are accurate and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to disqualification, dismissal, or other action under the agency policy and procedure and subject to criminal penalties as prescribed by law.

Agreed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date:

**AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

1. Prior to being hired or placed with a Client, Serenity Care at Home LLC must conduct a comprehensive background check. This check will include, but is not limited to, a conviction, no contest, or plea of any crime involving violence or dishonesty (except for those protected by law) and any disciplinary action taken by a Federal or Connecticut government agency, especially the Department of Consumer Protection.
2. Please complete and sign this form, which authorizes, without reservation, any person, company, or organization—including but not limited to former clients, employers, law enforcement agencies, federal and state agencies, and government or private information bureaus or repositories—contacted by Serenity Care at Home or any agent or person Serenity Care at Home utilizes to furnish any or all legally requested information.
3. My authorization releases Serenity Care at Home LLC, and any agent, person, or Serenity Care at Home LLC utilizes from any liability for damages arising from the investigation and disclosure of legally requested information.
4. Further, it releases and discharges all liability from all former clients, individuals, companies, organizations, agencies, officials, officers, employees, and other persons who, in good faith, provide information to Serenity Care at Home LLC or any company or person Serenity Care at Home LLC retains to successfully complete a comprehensive background check.
5. This Authorization is also valid for follow-up checks, including criminal and DMV checks, after employment has started and on an annual or as-needed basis.

**AUTHORIZATION AND CONSENT FOR RELEASE OF INFORMATION**

**Your signature allows a photocopy or fax copy of this Authorization to be as valid as the original.**

Print Full Name (including maiden or married names):

List all names that you have used/by which you are known:

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

College (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Graduation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I hereby and freely sign this Authorization and Consent for Release of Information:**

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

Date of birth and year of graduation are being requested only for identification in obtaining accurate retrieval of records and will not be used for improper or discriminatory purposes.

**Employee Acknowledgement**

I have acknowledged receipt of the Serenity Care at Home Employee Orientation and Employee Manual. I have read and understand the policies and procedures that Serenity Care at Home has thoroughly informed me about. I know that the manual describes the policies and procedures of the company and its guidelines to assist all employees in understanding and following them. The company may change or discontinue policies and procedures as necessary. Furthermore, nothing contained in the manual or any other verbal or written statement concerning policy and procedure constitutes a contract of employment.

**I understand that Serenity Care at Home and its employees must abide by HIPAA regulations, and I have received instructions regarding HIPAA from the agency. (Initial to confirm) \_\_\_\_\_\_\_\_\_**

**I understand that the agency and its employees must adhere to universal precautions, and I have received instructions regarding universal precautions from the agency. (Initial to confirm) \_\_\_\_\_\_\_\_\_**

**I understand that employees must utilize Telephony (EVV) in addition to paper timesheets, which must be submitted no later than Monday at noon of the following work week for payroll and billing. I have received training and instructions on these procedures. (Initial to confirm) \_\_\_\_\_\_\_\_\_**

**I consent and agree to have my photograph taken and my name mentioned by Serenity Care at Home, its employees, affiliates, or any compliance bodies I am subject to while employed by Serenity Care at Home whether as proof of any investigation, documentation, or for advertising and marketing purposes, without compensation, during or after my employment.** **(Initial to confirm) \_\_\_\_\_\_\_\_\_**

**I acknowledge that I have received training on Beem and understand that I must adhere to the patient care plan. I recognize that each patient’s needs will vary and that every patient care plan will be tailored to those specific needs. I have been oriented on company policies and procedures, and I know where to find the patient care plan or where the master copy is stored. I accept any responsibilities that arise from my actions if I deviate from the company policy on Care Plans.**

**(Initial to confirm) \_\_\_\_\_\_\_\_\_**

**I have read, understand, and agree to comply with the caregiver’s employee manual and agreement.**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Employee’s Name**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature & Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Witness From Serenity Care at Home & Date**