

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

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

Welcome to The Pink Penny Private Home Care, LLC

When applying for a position with us, applicant must submit all the following documents:

1. Driver's license
2. Social security card
3. CNA certification
4. CPR and first aid certification
5. TB - PPD test results/x-ray
6. Background check (GCHEXS)
7. Proof of Auto Insurance

Failure to do so will delay employment process and start date.

Thank you for your cooperation!

The Pink Penny Private Home Care, LLC is an equal employment opportunity. Employer does not discriminate because of race, color, religion, sex, age and national origin.

# EMPLOYMENT APPLICATION

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

## PERSONAL INFORMATION

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

How did you hear about us?  Newspapers  Internet  Flyers  Others

Other, please specify: \_\_\_\_\_

\*Referred by: \_\_\_\_\_

Have you ever applied with The Pink Penny Private Home Care? If so, please specify (dates):  Yes  No

Do you have any allergies or special medical condition?  Yes  NO

If so, please specify: \_\_\_\_\_

Do you have a valid driver's license?  Yes  No

Do you have reliable transportation?  Yes  No

Are you legally authorized to work in the United States?  Yes  No

Have you ever been convicted of a felony?  Yes  NO

**EDUCATIONAL BACKGROUND**

	SCHOOL NAME AND LOCATION	DATES	GRADUATED	TYPE OF DEGREE	SUBJECTS
High School			Yes		
			No		
College			Yes		
			No		
Business, Trade or Correspondence School(S)			Yes		
			No		
Undergrad			Yes		
			No		
Grad School			Yes		
			No		

**CERTIFICATIONS AND LICENSES**

Do you have your CPR and first-aid certification?      Yes      No

If so, certifications issued date:

\_\_\_\_\_ month / day / year

Has a license/certification ever been issued in another state?

Yes      No

Do you have a valid license/certification?

Yes  No

License/certification type:

State:

License#

Expiration date

1.

2.

Has your professional license, certificate or registration ever been subject to disciplinary action by any state board such as by reprimand, suspension or revocation?  Yes  No

Are you currently working under a consent order or with a restricted license?  Yes  NO

Are you aware of any pending complaints or investigation against your professional license, certificate or registration in any state to the best of your knowledge?  Yes  No

Do you have any restrictions which would interfere with your ability to perform the essential duties of the position for which you have applied?  Yes  No

Do you have professional liability insurance?  Yes  No

Carrier Name

Policy Number

Expiration date

**WORK HISTORY**

Start with your most recent employment

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER(S) <i>Employers Phone Number</i>	ENDING SALARY	POSITION HELD	REASON FOR LEAVING
From:		\$		
To:				
From:		\$		
To:				
From:		\$		
To:				
From:		\$		
To:				
From:		\$		
To:				

**\*It Is Mandatory That You Must Provide 5 Years Of Work History\***

**\*Or Your Application Will Not Be Processed!!!**

If applicant was unemployed or can not provide 5 years of work history. Please document on the application the dates of unemployment or no work.

**PERSONAL REFERENCES**

Give below the names of three persons not related to you, whom you have known at least 1 year

NAME	ADDRESS AND PHONE NUMBER	TYPE OF BUSINESS	YEARS KNOWN

**EMERGENCY CONTACT INFORMATION 1.**

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

How is this person related to you?  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION 2.**

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

How is this person related to you?  
\_\_\_\_\_

### Acknowledgment and Authorization

I represent that the information provided in this employment application (and accompanying documents, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from any further consideration for employment and may be justification for dismissal from employment if discovered at a later date. I agree to immediately notify The Pink Penny Private Home Care, LLC if I should be convicted of any crime while my job application is pending.

I authorize investigation of all statement contained in this application and authorized any individual or entity to provide information and opinion to The Pink Penny Private Home Care, LLC as part of the investigation. I authorize The Pink Penny Private Home Care, LLC to disclose information contained in this application along with any information about me obtained through investigation or during the course of the interview process. I release The Pink Penny Private Home Care, LLC and any individual, or entity providing information to The Pink Penny Private Home Care, LLC from any legal liability for any damages; from the disclosure of this information.

I understand that if accused of wrongdoing while employed, I may be subjected to probe by an outside agency.

I understand that if I am hired; my employment is "at will" which means that it is for no definite period of time and may be terminated by me or The Pink Penny Private Home Care, LLC at any time for any reason.

I understand that if I am hired; The Pink Penny Private Home Care, LLC does not guarantee any specific number of hours or shifts. I understand and agree that I will not accept employment by any The Pink Penny Private Home Care, LLC client where I have been assigned by The Pink Penny Private Home Care, LLC for a period of six (6) months following termination of my employment with The Pink Penny Private Home Care, LLC

I understand that if I am hired, a client may decide not to utilize my services at any time and will inform The Pink Penny Private Home Care, LLC if this occurs. That decision is made solely by the client. I understand that disclosure of the reason(s) for any such decision is at the sole discretion of the client and that I am not privy to that information. I understand and acknowledge that if this occurs, I may not be assigned to other clients. In the event I have any concerns regarding my assignment to a client, I will immediately bring my concerns to The Pink Penny Private Home Care, LLC

I agree, if I am hired by The Pink Penny Private Home Care, LLC, to keep my credentials and JCAHO and OSHA in service requirements current, and to abide by the policies, procedures and supervision of the client to which I am assigned and those of The Pink Penny Private Home Care, LLC

Consumer notification for The Pink Penny Private Home Care, LLC

This is to inform you that a consumer report or an investigative consumer report may be obtained from a consumer agency for the purpose of evaluating you employment, assignment, promotion, reassignment, or retention as an employee. This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have the right to request additional disclosures regarding the nature and scope of the investigation.

I certify that the information I have provided in this enrollment form is true and complete to the best of my knowledge, and I understand that one or more falsified statements within this application is grounds for rejection. I understand the content, terms and conditions and I was given the opportunity to ask questions. By signing this document, I certify that I agree and accept the information contained in this document.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ORIENTATION INSTRUCTIONS

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

Prior to working with client, all employees shall be oriented in accordance with the rules and regulations of the office of regulatory services health care section.

The orientation includes instructions in the followings:

1. The Pink Penny Private Home Care policies and procedures regarding its scope of services and the type of clients it serves.
2. The employee's assigned duties and responsibilities.
3. Reporting client progress and problems to supervisory personnel and procedures for handling medical emergencies or other incidents that affect the delivery of services in accordance with the client's service plan.
4. The employee's obligation to report known exposure to tuberculosis and hepatitis to the employer.

\_\_\_\_\_  
Applicant Signature:

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

**BACKGROUND INFORMATION**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number: \_\_\_\_\_

The Pink Penny Private Home Care requires that all employees must show proof of evidence of free of abuse and negligence and all employees must meet the following minimum requirement.

I authorize The Pink Penny Private Home Care to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

I understand that a criminal conviction does not result in automatic bar to employment and will be considered only as it relates to the job in question and the policies and practices of the assignment site.

I release any legal claim I may have against The Pink Penny Private Home Care, its officers, agents and employees for requiring the background check.

Never have shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

\_\_\_\_\_  
Applicant Signature:

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

\_\_\_\_\_  
Office Representative Signature:

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

**OFFICE ONLY**

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

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

Initials: \_\_\_\_\_



## STAFF ETHICS POLICY

The Pink Penny Private Home Care place more emphasis on the employee's ethics at client's home. The following is the rules and regulations that The Pink Penny Private Home Care has established for his staff. Failure to adhere to these policies will result in termination.

Staff:

1. Is not allowed to use member's car for personal use.
2. Is not allowed to consume member's food or beverage.
3. Is not allowed to use member's telephone for personal calls.
4. Should not be discussing political or religious beliefs, or personal problems with the member.
5. Is not allowed to accept gifts or financial gratuities (tips) from the member or member's representative.
6. Should not be engaged in lending money or other items to the member, borrowing money or other items from the member or member's representative.
7. Should not be engaged in selling gifts, food or other items to or for the member.
8. Is not allowed to purchase any items for the member unless directed in the service agreement/care plan.
9. Is not allowed to bring other visitors (children, friends, relatives, pets, etc.) to the member's home.
10. Is not allowed to smoke in the member's home, with or without permission from the member or member representative.
11. Should not report for duty under the influence of alcoholic beverages or illegal substances.
12. Is not allowed to sleep in the member's home.
13. Is not allowed to remain in the member home after services have been rendered.

Applicant (print name): \_\_\_\_\_

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