



Hands Of An Angel
— HOME CARE —

Hands of an Angel Homecare LLC

PRE HIRE
FORMS

2018

Pre-Hire Interview

Interview conducted by: _____ Date _____

Name: _____ Phone _____

Position applying for: _____ Possible start date: _____

Current training certificate? Y N If yes where from:

Ever worked in home care? Y N If yes, where _____

Currently working anywhere? Y N If yes, where _____

PROVIDER POLICY: we cannot hire individuals with convictions listed as unemployable by the state. Would anything be likely to show up on their Criminal History check to prevent us from hiring?

N Y

DIRECT CARE STAFF INTERVIEW (PRE-Screening) Question work history, explain structured environment and ask problem solver, open ended questions, (document responses)

1. What would you do if you arrive at a Client's home and he/she refused to let you in?
Brief verbal response: _____
2. What would you do if your Client fell and insists that you do not call for help and insists that they are ok?
Brief verbal response: _____
3. How long do you think it is okay to hold onto paperwork for a Client?
Brief verbal response: _____
4. How do you feel about scheduling an elderly Client's visit at 8 pm?
Brief verbal response: _____
5. How would you respond if the supervisor gives you a written warning for something they has discovered happened?
Brief verbal response: _____

DISCLOSURE FOR CONSUMER REPORTS

In connection with my application for employment (including contract or volunteer services) with Hands of an Angel Homecare LLC, I understand consumer reports will be requested by you ("Company"). These reports may include as allowed by law, the following types of information, as applicable: names and dates of previous employers, work experience, education, accidents, licensure, credit (as allowed by law – where required, you will be presented with additional disclosures), etc. I further understand that such reports may contain public record information such as, but not limited to: my driving record (which will include all or part of the following information: photograph, social security number, driver's license number, your name, your address and medical or disability information), workers' compensation claims, judgments, bankruptcy proceedings, evictions, criminal records, etc., from federal, state, and other agencies that maintain such records.

In addition, investigative consumer reports (gathered from personal interviews, as applicable, with former employers or landlords, past or current neighbors and associates of mine, etc.) to gather information regarding my work or tenant performance, character, general reputation and personal characteristics, and mode of living (lifestyle) may be obtained.

If I am hired, I understand that my employer can use this disclosure and authorization to continue to obtain such consumer reports throughout my employment, contract period or volunteer service.

Acknowledged:

Signature

_____/_____/_____
Date

Printed Full Name

AUTHORIZATION

I hereby authorize procurement of consumer report(s) and investigative consumer report(s) by Hands of an Angel Homecare LLC ("Company") and its consumer reporting agency Intelifi. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for Company to procure such reports at any time during, as permitted by law, my employment, contract, or volunteer period. I authorize without reservation, any person, business or agency contacted by the consumer reporting agency to furnish the above mentioned information.

In connection with my application for employment, I direct the following regarding my current employer: (please check one). Yes, my current employer may be contacted / No, my current employer cannot be contacted

I understand that I have rights under the Fair Credit Reporting Act, and I acknowledge receipt of the Summary of Rights _____ (initials).

I authorize Company and Agency to use email communication with me to provide me with notices and information regarding any report or use of such report. If I do not have an email address or do not wish to share it, then communication will be by U.S. Mail, which will result in slower communication.

If you have any questions concerning this background screening content, please contact: Intelifi at (888) 409-1819.

Printed Full Name: _____

Signature: _____

Date: ____ / ____ / ____

Email: _____; I do not have or want email _____ (Initial)

If "no", list mailing address: _____

For identification purposes:

Social Security No.: _____; Date of Birth: _____

Driver's License No.: _____; State of Issue: _____

Other Names Used: _____

INFORMATION REGARDING YOUR RIGHTS

I understand that I have the right to make a request to the consumer reporting agency: Intelifi ("Agency"), 8730 Wilshire Blvd, 4th Floor, Ste. 412, Beverly Hills, CA 90211, telephone number (888) 409-1819, upon proper identification, to obtain copies of any reports furnished to Company by the Agency and to request the nature and substance of **all information** in its files on me at the time of my request, including the sources of information. The Agency will also disclose the recipients of any such reports on me which the Agency has previously furnished within the two year period for employment requests, and one year for other purposes preceding my request (California three years). I understand that I can dispute, at any time, any information that is inaccurate in any type of report with the Agency. I may view the Agency's privacy policy at their website: www.intelifi.com.

I understand that if the Company is located in California, Minnesota or Oklahoma, that I have the right to request a copy of any report Company receives on me at the time the report is provided to Company. By checking the following box, I request a copy of all such reports be sent to me.

Check here:

I understand that if I am applying for employment in New York, that I have the right to receive a copy of Article 23-A of the New York Correction Law _____ (initial if this applies).

I understand that if the report is provided to an employer in the State of Washington, that I can contact the following office for more information regarding my rights under Washington state law in regard to these reports: State of Washington Attorney General, Consumer Protection Division, 800 5th Ave, Ste. 2000, Seattle, Washington 98104-3188, (206) 464-7744.

New Hampshire registered drivers: The consent for driving records is valid for only two (2) years and is revocable at any time.

Personal information in MVRs means information that identifies you, such as your photograph, social security number, driver's license number, your name, your address, your telephone number and medical or disability information relating to any license restrictions. **Highly restricted personal information** includes your photograph or image, social security number, medical or disability information relating to any license restrictions. 18 U.S.C. §2725.

Acknowledged:

Signature

_____/_____/_____
Date

License Verification

Employee: _____ Social Security#: _____

LICENSE CHECK: All licensed professionals must produce their current professional license. Verify that the licensee is listed as "in good standing". The online statement must be printed and placed in their personnel file along with a copy of the current license.

GA professionals: <https://www.ncsbn.org/43.htm>

Professional Licensure checked online: YES

Is professional's license listed as "in good standing"? YES NO

Print the online screen

(Attach the findings to this form and file in the personnel file folder)

Staff conducting pre hire screening Signature

Hands of an Angel LLC

No Misconduct Statement

I, _____, have never been shown by reliable evidence (e.g. court or jury, departmental investigation, or other credible 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 and oral or written statement to this effect obtained at the time of my application.

If at any time it is found that this statement to be false, I am aware that disciplinary action up to and including termination will occur.

Applicant Signature

Date

Administrator Signature

Date

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____
Reason for Leaving: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____
Reason for Leaving: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____
Reason for Leaving: _____

Education Name & Location Course of Study Years Completed Date Graduated
High School: _____
College: _____
Other: _____
Other: _____

Military Service
Branch of Service: _____ Dates of Service: _____
Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

Criminal History: By my signature below, I acknowledge/consent to a criminal check on my name.
FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A NATIONAL AND STATE BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)
 Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable

elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date

Reference Form #1

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Hands of an Angel Homecare LLC

Name: _____ Social Security # _____
Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date of signature _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

Hands of an Angel Homecare LLC
 123 Red Fox Drive, Dallas GA 30157
 (404) 391-0079 FAX:

** If reference was contacted by phone, provider staff will document & sign/date encounter on backside of this page.

Reference Form #2

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with Hands of an Angel Homecare LLC

Name: _____ Social Security # _____
Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date of signature _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

Hands of an Angel Homecare LLC
123 Red Fox Drive, Dallas GA 30157
(678) 257-1005

** If reference was contacted by phone, provider staff will document & sign/date encounter on backside of this page.