Helping Hands PCS
"Because there's no place like home"

PCS Helping Hands Employment Application

Thank you for concidering a position with our company. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be sure to complete this application in the most thorough and cautious manner possible, as we will complete a detailed background and employment screening that will disclose inaccurate, false, incomplete and /or omitted information.

The following must be filled out completely for you application to be considered.

Personal Information

Name: _____

Address: _____
Apt# City State Zip Code

Email: _____

Home #: _____ Work: _____ Cell: _____

Social Security #: _____ Date of Birth: _____

Emergency Contact: _____ Phone #: _____
(Person not living with you)

Have you ever applied for employment with PCS Helping Hands? Yes No
Position Applying for: Nurse Aide CNA
Do you have a current CNA licence? Yes No Expiration Date:_____
How many hours a week are you available to work? _____ minimun _____ maximum
What days are you available to work? Mon Tues Wed Thurs Fri Sat Sun
What date can you start? _____
Are you wiling work: Days Nights Weekends M-F Only
Do you have reliable transportation? Yes No Do you smoke Yes No
Do you have any friends or relatives working for this company? Yes No Name:_____
How did you learn of our organization? Newspaper Ad Internet Drive by Employee
Have you had a Criminal Background check with the Department of Health and Welfare within the past 2 yrs? Yes No Date:_____
Have you ever been arrested, charged or convicted of a crime in the past 10 years? If yes, list **ALL arrests/charges/convictions** and the outcome regardless of how long ago it was. Please attatch additional pages if necessary.
Explain: _____
_____

PCS Helping Hands
Application of Employment

Please list the cities and states in which you have lived during the past 7 years:

City :	State:

Education/Training

School	Name and Address of School	Courses Taken/ Major	Did you Graduate?	Diploma Degree or Certificate Receiving?
High School			- Yes - No	
College			- Yes - No Date:	
Professional Training			- Yes - No Date:	

Other Classes/ Training:

Employment History

Employer: Address:

Dates of Employment:
From:_____ To_____
Month/Year

Phone #:

Final Salary_____ per_____

Immediate Supervisor's Name and Title:

Job Description & Duties:

Was your termination voluntary or involuntary? Voluntary Involuntary
May we contact for reference? Yes No

Employer: Address:

Dates of Employment:
From:_____ To_____
Month/Year

Phone #:

Final Salary_____ per_____

Immediate Supervisor's Name and Title:

Job Description & Duties:

Was your termination voluntary or involuntary? Voluntary Involuntary
May we contact for reference? Yes No

PCS Helping Hands
Application of Employment

Employer:		Address:
Dates of Employment: From:_____ To_____ Month/Year	Phone #:	Final Salary_____per_____
Immediate Supervisor's Name and Title:		
Job Description & Duties:		
Was your termination voluntary or involuntary? Voluntary Involuntary May we contact for reference? Yes No		

Have you used any other names or social security numbers? Yes No
If yes , please list all other names and social security numbers used: _____

Professional/Personal References	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	
Name:	Phone #:
Address:	

Additional Information

Please discribe any other experience, training, qualifications, licenses, and /or skills that make you especially suited to work for our company:

_____

_____

_____

_____

_____

PCS Helping Hands
Application of Employment

Authorizations

Please read the following carefully, being sure to initial each paragraph, sign, and print your name, date once completed. Please sign and date any separate documents that may be attatched.

	Initials:
Confirmation of Honest and Accurate Completion: I certify that the answers given herein ar true and complete to the vest of my knowledge. I understand that any false information or significant omissions may disqualify me from further consideration for employment and may be justification for dismissal from employment of discovered at a later date. I understant that any job offer is conditional, based on the satisfactory review of my qualifications including any and all background or drug screening which may be required.	
I certify that I am physically willing and able to preform physical duties thhat will be required in my job. I am physically able to lift 50lbs. of weight and I have been trained to safely transfer clients. I will be under probation until I receive notice from Helping Hands that you have been hired as a part time/full time employee.	
I will notifiy the office if I feel that any procedure that is being done is not safe or will cause harm to myself or the client. I will not perform any duty that wiould cause harm to either me or the client. I will notify the office if a condition should change my ablility to perform my duties.	
I authorize a complete investigation of all statements contained herein and hereby give my full permission for Helping Hand to contact and fully discuss my background and history with all persons and entities listed above to give Helping Hands any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing same to Helping Hands.	
I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminate at any time for any lawful reason, withouth prior notice and with or without cause.	
This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.	
Statement of Confidentiality I understand the importance of observing strict confidentiality policies. Therefore, I agree not to discuss/release any information obtained within the agency regarding any Helping Hands client, their medical record, or any client's condition with any individual not directly associated with Helping Hands nor with Helping Hands employees who are not directly associated with that client. I also agree that all information that is released regarding the client or the client record will only be done with proper authorization and/or in accordance with established agency policy for the release of the information. I agree to follow guidelines regarding patient privacy according to **HIPAA**.	
My initials/signature on this document indicates that I understand and agree by the aformentioned policies, and that any breach in the aforementioned policies will result in the implementation of the disciplinary procedure up to and including possible **IMMEDIATE DISMISSAL** from employment at Helping Hands.	
I authorize PCS Helping Hands to obtain personal information in regards to my previous employment and/or job performance from the persons listed in the Professional/Personal references of my employment profile.	

PCS Helping Hands
Application of Employment

Durg and Alcohol Screening: I understand that the use or possession or sale of alcohol or illegal substances in the workplace, or any use which impacts my ability to work safely, may be cause for immediate termination and hereby agree to be tested for use of alcohol or illegal substances upon request of this company, at any time, during employment or for the purposes of employment pre-screening.	Intial:
Notification of Compliance: I agree to immediately notify the company if I should be convicted of a crime while my application is pending or durinig my employment, if hired. If I become employed, inconsideration of my employment, I agree to comply with all application regulations, and company rules, policies, and procedures.	
At-Will Employment: I understand and agree that nothing contained in this application, or conveyed during any interview which may be granted, or during my employment, if hired, is intended to create an employment contract between the company and me. In addition, I understand and agree that if this company employees me, in consideration of my employment, my employment will be at-will, for no definite or determinable period of time, and may, regardless of the date of my payment of my wages or salary, be terminated at any time, for any reason, or for no reason at all, with or without prior notice, at the option of the company or me. I understand and agree that promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and an authorized executive of the company. I promise that I have not relied, and will not rely, on any oral or written statements to the contarty. I understand and agree that this is the entire agreement between me and the company regarding the term of my employment and replaces any other oral or written agreement or understanding.	
PCS Helping Hands Policy of Falsification I understand that if I falsify documents during my background check, and the company has paid for the check the background check will be financialy responsible to repay the company the cost of the background check. I also understand that if I falsify documents while seeing clients that I will be responsible for reimburement to the company for any loss that the company incurred due to my falsification. I will also be dismissed immediately, and a report will be given to Medicaid as needed.	

I accept all provisons above and certify that I personally completed this application and all of the information provided on this application is true and accurate.

_____
Signature

_____
Printed Name

_____/_____/_____
Date

This facility does not discrimainate in hiring or any other decision on basis or race, color, sex, citizenship, national origin, age, ancestry, sexual orientation, Vietnam era veteran status, or on the basis of physical or mental disability unrelated to the ability to perform the work required. No question on this application is intended to secure information to be used.

PCS Helping Hands
Application of Employment

PCS Helping Hands
Application of Employment

Our company is a health care agency, because of the nature of our services and the culnerability of our client's, it is imperative and required that we complete a criminal backgound check for all potential applicants before you are hired. We are submitting the following individual listed below for your consideration and as for any information in your records. In compliance with the Privacy Act of 1974, the individual in question has signed a relese of information as designated below.

Release of Information

_____ _____
(Name- Please Print) (Social Security #)

_____ _____
(AKA-Also known as) (Date of Birth)

I. hereby authorize any of the persons or organizations listed in my application, any State or Federal agency and/ or anyone else with whom I am or have been acquainted or worked for, to give all information concerning my previous employment, education, or any other information they might have personal or otherwise, with regard to my characteristics, criminal background, mode of living and any of the subjects covered by this application.

I release all such parties from liability that may result from furnishing such information to you. I authorize you to request and receive such information. I further agree that a copy of this release shall function as an original.

_____ _____
(Signature) (Date)

PCS Helping Hands
Application of Employment

PCS Helping Hands
Application of Employment

PCS Helping Hands
Application of Employment

PCS Helping Hands
Application of Employment