

ACCESS Care at Home, LLC

Toll Free: 1-855-783-0102

Fax: 208-783-0105

Employment Application

First Name		Last Name		Soc Sec #
Address		City	State	Zip
Phone Number	Message Number		Application Date	C.N.A.?
DOB	Emergency Contact		Relationship	Phone

Indicate Days you are available to work:

<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat				Email Address
Driver's License #	State	Auto Insurance Company		Policy Number

Certifications or subjects of special study
Special Training
Special Skills

Work Experiences:

List previous employers for the past five years (most recent first), include any gaps in employment

Name of Present/Last Employer			Phone Number	
Address		City	State	Zip
From __/__/__.	To __/__/__.	Job Title	Hourly Rate/Salary: Start: ___ per ___. End: ___ per ___.	
Name of immediate Supervisor		Title	Phone/Ext.	May we contact?
Description of Work				
Reason for Leaving				

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Work Experiences:

List previous employers for the past five years (most recent first), include any gaps in employment

Name of Previous Employer			Phone Number		
Address		City		State	Zip
From ___/___/___.	To ___/___/___.	Job Title	Hourly Rate/Salary: Start: ___ per ___. End: ___ per ___.		
Name of immediate Supervisor		Title	Phone/Ext.		May we contact?
Description of Work					
Reason for Leaving					

Work Experiences:

List previous employers for the past five years (most recent first), include any gaps in employment

Name of Present/Past Employer			Phone Number		
Address		City		State	Zip
From ___/___/___.	To ___/___/___.	Job Title	Hourly Rate/Salary: Start: ___ per ___. End: ___ per ___.		
Name of immediate Supervisor		Title	Phone/Ext.		May we contact?
Description of Work					
Reason for Leaving					

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Personal References (other than relatives or former employers)

Name and Address	Phone	Years acquainted
Name and Address	Phone	Years acquainted
Name and Address	Phone	Years acquainted

Authorization:

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigations of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

In addition I understand that employment is contingent upon passing a state required fingerprinting background check and verification of a satisfactory work and/or education history."

Signature

Date

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Applicant/Employee Skills Check List

Name: _____

We would like to know of any special skills/knowledge/abilities you may possess that relate to employment with ACCESS Care at Home, LLC. Below is a list of pertinent job areas. Please comment if appropriate.

Have you had any experience/training working with:

1. Clients with Alzheimer's/Dementia? _____
2. Clients that have difficulty with speech? _____
3. Work in a nursing home/residential care home? _____
4. Specialized nutrition needs? _____
5. Medication Assistance? _____
6. Clients with Developmental Disabilities? _____
7. Behavior Management? _____
8. Clients with depression? _____
9. Assault/Aggressive Behavior (verbal & physical)? _____
10. Clients with alcohol/drug problems? _____
11. Home Chore work? _____
12. Do you know sign language? _____
13. Clients with Hoyer Lifts? _____
14. Clients in wheelchairs? _____
15. Lifting/Transfer techniques? _____

Please list any other experience/training that you may have that could be helpful to our clients:

_____.

Do you have any certificates showing experience/training?

_____.

Signature _____ Date _____

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Release of Information Regarding Past Employment

I _____, give consent for my former employer(s) to give ACCESS Care at Home any information that pertains to my work record while working for employer(s) listed below:

Signature of applicant/person of reference

date of birth

Current Address

Past employers who may release information:

Dates of employment:

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Dear Applicant,

This information is provided to assist you in understanding the background check requirements of ACCESS Care at Home, LLC.

Persons who have been convicted of one of the following crimes are not allowed to work for any program funded by Idaho Department of Health & Welfare. Persons convicted of other crimes will be evaluated on a case-by-case basis and may be granted an exemption.

Persons who have any felony convictions, are a party to a valid child protection complaint, or are a party to a valid adult protection complaint, cannot work with, provide service to, or have any unsupervised contact with Idaho Health & Welfare clients unless an exemption is granted.

No exemption will be granted for these designated crimes:

- Armed robbery
- Arson
- Crimes against nature
- Forcible sexual penetration by use of a foreign object
- Incest
- Injury to a child, felony or misdemeanor
- Kidnapping
- Lewd contact with a child
- Mayhem
- Murder in any degree
- Voluntary manslaughter
- Assault or battery with intent to commit a serious felony
- Felony involving a controlled substance within 7 years of the date of conviction
- Possession of sexually exploitive material
- Rape
- Felony stalking
- Sale or barter of a child
- Sexual abuse or exploitation of a child
- Any felony punishable by death or life in prison
- Any felony involving any type of embezzlement, fraud, theft or burglary within 7 years from the date of conviction
- Abuse, neglect or exploitation of a vulnerable adult
- Attempt or conspiracy to commit any of the designated crimes.