

Saint Raphael Home Care, Inc.

Dear Applicant:

Thank You for inquiring about our Agency! In an effort to assure that all representatives will be outstanding, we require two (2) **excellent** references. These sources must be **supervisory** personnel who have seen your work and are willing to talk with us about it.

You may decide who will be your references:

- Contact them and let them know you are naming them.
- Make certain that you provide the correct address and phone number to contact them.
- Find out what time they may be called for a phone reference.
- Fill out the top of the reference letter with this information even if you have written it elsewhere.
- **Never** name an institutional Personnel Department. They will not answer questions.

If you take the time to do these things, we can process your application promptly.

Saint Raphael Home Care, Inc.

Dear Applicant:

To speed up the interview process, we would like to request that you bring the following items when you interview with our office for employment.

- 1) Copy of License / Certification.
- 2) Copy of current CPR.
- 3) Copy of TB test done in last year.
- 4) Copy of a physical signed by a doctor, done in the last year.
- 5) Current driver's license.
- 6) Copy of current car insurance. Requirements are \$300,000 or 150/\$300,000 with \$100,000 property damage.
- 7) Copy of current Professional Liability Insurance (applies to RN and LPN only.)
- 8) Copies of all in-services attended this year. (CNAs and HHAs only)
- 9) You will be KBI screened, drug screened, and have a driving record report completed upon employment. Continued employment is contingent on a negative history for felony offense, drug use, and a positive driving record.

Please call 269-5400 and ask for Human Resources if you have any questions after completing your application, or for an interview.

Employment Application

South Branch

Main Office

Circle One

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation for the application and/or interview process should contact a representative of the Personnel Department.

Name: _____ Date of application: ____/____/____
Last First Middle

Address: _____
Street City State Zip

Telephone: _____ Alternate: _____ Social Sec. Number: ____ - ____ - ____

Position applied for: _____ Date available: ____/____/____

Professional Status: (circle one) RN LPN HHA CNA NMA Other: _____

____ Full time ____ Part time ____ Weekends CPR certification through: _____

State License/Certification Number: _____ Expires: ____/____/____

Referral Source: _____ Do you have a good driving record? ____ Why or Why not? _____

Have you ever been employed by this company before? _____ When? ____/____/____

Have you ever applied for a position with this company before? _____ When? ____/____/____

Have you been convicted of any crime in the last ten (10) years? ____ Yes ____ No If yes, please explain: _____

If necessary, the best time to call you at home or work is: _____ May we call you at work: ____ Yes ____ No

Are you on lay-off and subject to recall: ____ Yes ____ No Have you ever been bonded: ____ Yes ____ No

Do you have any limitations that would prevent you from doing this job? ____ Yes ____ No _____

Education:

High School: _____ Graduated: Yes/No

City and State: _____

VoTech: _____ Graduated: Yes/No Major: _____

City and State: _____

College/University: _____ Graduated: Yes/No Major: _____

City and State: _____

Other: _____ Graduated: Yes/No Major: _____

City and State: _____

Employment History:

List your previous employment history, starting with the most recent, including military experience:

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Telephone Number: _____

Job Title: _____ Reason for leaving: _____

Immediate Supervisor and Title: _____

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Telephone Number: _____

Job Title: _____ Reason for leaving: _____

Immediate Supervisor and Title: _____

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Telephone Number: _____

Job Title: _____ Reason for leaving: _____

Immediate Supervisor and Title: _____

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Telephone Number: _____

Job Title: _____ Reason for leaving: _____

Immediate Supervisor and Title: _____

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Telephone Number: _____

Job Title: _____ Reason for leaving: _____

Immediate Supervisor and Title: _____

Employer: _____ From: ____/____/____ To: ____/____/____

Address: _____ Telephone Number: _____

Job Title: _____ Reason for leaving: _____

Immediate Supervisor and Title: _____

I understand that my employment with Saint Raphael Home Care, Inc. is contingent upon License/Certification verification and also upon the results of my KBI, driving record, and drug screen results.

I understand that if any condition is not acceptable, I will be terminated immediately. This also includes annual public record checks and random drug screening at company will. Termination is also probable if licensure and certifications are not kept current.

I certify that all the information provided by me in this application is true and complete. I understand that any misstatement, falsification, or omission of information is grounds for refusal to hire or, if I am hired and the same is discovered thereafter, termination is imminent. I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability for any damages that may result from furnishing such information to you.

I authorize you to request, receive, and verify all information given on this application, and I release you from all liability for any damages that may result from you doing so.

I further acknowledge that if I am employed by the employer, my employment will be at will and may be terminated with or without cause at any time by me or by the employer.

I agree to conform to the rules and regulations of the employer. I acknowledge and agree that my employment and compensation can be modified or terminated at any time with or without cause, and with or without notice at the option of either the employer or me. I understand that no manager, or representative of the employer (other than (e.g.) the administrator) has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.

The above information is true and correct to the best of my knowledge. I give my permission for verification of any aforementioned factors. It is understood that any falsification will result in disqualification of my application prior to employment or immediate termination if discovered at any time thereafter. There is no contractual relationship between Saint Raphael Home Care, Inc. and its employees.

Saint Raphael Home Care, Inc. considers all applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

I consent to have a KBI screen, motor vehicle screen, drug screen, skills checklist, and physical exam done by the Agency, during the hiring process, and I understand that the results of each of these tests will effect whether the contingent job offer will be honored.

Applicant Signature: _____ Date: ____/____/____

Witness Signature: _____ Date: ____/____/____

Saint Raphael Home Care, Inc.
Request for References:

I give my permission for Saint Raphael Home Care, Inc. designee to request a reference, by phone and/or mail, from the following institution or individual, in order to obtain the information needed by the Agency, on which to base their decision concerning my employability. I have provided correct work and home telephone numbers in order to facilitate the process.

List Supervisors only.

(Please print legibly name, address and phone numbers).

Attention: _____

Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
Best time to call: _____

Applicants' Name (print): _____

Applicant Signature: _____ Date: ____/____/____

(Do not write below this line)

Please fill out, sign and return.

Professional, Accountability (punctuality), Paperwork, Appearance) _____

Professional Skills: _____

Interpersonal Skills: _____

Other Comments: _____

In what capacity did you work with the above applicant? _____

Supervisors' Signature: _____ Date: ____/____/____

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Saint Raphael Home Care, Inc.

Some details you should know about home nursing care and the agency.

You are paid for:

- Visiting clients at home
- Providing thorough, proper, loving care.
- Communicating with the office about care; in writing, in person, and by phone.
- Providing documentation, calling for clarification of assignments, and participation at meetings.

You are required to be:

- Licensed/Certified (professionals).
- Malpractice insured (professionals).
- CPR certified.
- TB tested.
- Disease free (infectious diseases).
- Drug free.
- Negative for history of felony offenses.
- An excellent driver (based upon an MVR).
- Insured with Auto insurance.

Benefits Include:

- Direct Deposit Payroll
- PPO Health Plan
- Dental Insurance
- AFLAC (includes a variety of disability and illness coverage)
- Vacation awarded every 6 months (1week of pay)***
- \$100.00 bonus awarded every 6 months throughout employment***
- Anniversary Bonus (\$300.00 (after 3 years of employment) and up***
- Christmas Bonus***

*subject to evaluations, performance reviews, and maintaining 30 hours/week

Probation lasts 90 days.