

## A Better Care Home Health

850 E. Franklin Rd. Meridian ID 83634  
Phone 208-888-6232 Fax 208-888-5201

Dear Applicant,

Thank you for choosing **A Better Care Home Health**, a family-owned and operated agency. We pride ourselves in our contribution to the home health industry by providing job opportunities to hundreds of individuals while our clients are being served in the comfort of their own homes on a 2-hour to a 24-hour basis. We encourage you to join our team in making a difference in the lives of the elderly and the disabled.

In our goal to ensure employee and client safety, we subject our applicants to the following pre-employment requirements:

- Six (6) verifiable references are required for employment.
- Preferably, not required, six (6) months prior related experience, caregiver experience, previous or current state issued C.N.A license.
- Tuberculosis Test. If positive, Chest X-Ray and/or a physician's note clearing you of the disease will be required.
- Valid CPR Card BLS preferred.
- Current Driver's license or State issued I.D. card
- Social Security Card, Birth Certificate or Alien Registration with photo
- Fingerprints, passing a criminal history background check required, through the Department of Health & Welfare.
- Two (2) hour Human Resource Orientation in our office
- Reliable transportation and home telephone number

Please complete the attached application form. Please **do not** leave any spaces blank. Write N/A if not applicable.

If you are unable to meet the above pre-employment requirements at this time, we would be pleased to discuss employment opportunities with you either way.

We look forward to have you as a member of our family.

Sincerely,

The Management & Staff  
A Better Care Home Health

# Employment Requirements

For your convenience, here is a list of institutions and agencies that may assist you in completing the pre-employment requirements. Current CPR certification, T.B. testing, and a successful completion of a background check are all required before you can begin work. While you are completing these requirements, you may still schedule basic orientation with the Human Resources Director thru our office. We would be happy to assist you the best way we can. You may reach us at **(208) 888-6232** and/or fax **(208) 888-5201** from Monday to Friday, between 9:00AM to 5:00PM. Thank you for your interest in becoming a part of our family. We look forward to having you on board.

## **CPR Card (current)**

### **American Red Cross**

(208) 947-4357

### **CPR Connections**

(208) 321-4744

\*Please call to register for a class

## **Fingerprint Letter/Verification**

### **Department of Health & Welfare**

**\$55.00** Appointment Only

Applicants must register online at <http://www.chu.dhw.idaho.gov/> to begin the process. Go to new user registration, set up a user name and password, then log in. Select "complete self declaration, please remember to input the company information in the employer field. (It is shown on the front side of this letter.) Be sure to mark on the self declaration you are applying for the Personal Assistance and Personal Care Providers, NOT Home Health. If you have any further questions, please call the office.

You can be fingerprinted at one of the following locations:

1720 Westgate Drive Suite A, Boise **or** 823 Park Centre Way, Nampa

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After you have been fingerprinted, you will need to turn documentation / verification of completion to the Human Resource Director at Advanced Home Health. Fingerprints will be processed through the Department of Health & Welfare and Department of Justice via the State of Idaho. Cost is \$55.00 for the processing. A Better Care Home Health does not typically pay for fingerprinting, however, if you need assistance speak with the Human Resources Director.

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Once all requirements are completed, you will need to attend:

- 2-hour Human Resource Orientation

### **Reminders:**

- HR Orientation Scheduled:** \_\_\_\_\_

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## APPLICATION FOR EMPLOYMENT

### Personal Information

**Do not leave any space blank. Write "N/A" if not applicable.**

Date \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_

Previous/Maiden Name \_\_\_\_\_

Are you over 18 years of age? \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ Cellular ( ) \_\_\_\_\_

SS No. \_\_\_\_\_ Are you a smoker? Y \_\_\_\_\_ N \_\_\_\_\_

Can you refrain from smoking while at work? Y \_\_\_\_\_ N \_\_\_\_\_

### EMPLOYMENT DESIRED

Position Applied for \_\_\_\_\_ Date you can start? \_\_\_\_\_

Select desired shift:

Day	Evening	Overnight	Weekends ONLY	Weekdays ONLY	Others

Please list hours of availability each day:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

How did you learn of this opening? \_\_\_\_\_

Have you ever applied to A Better Care Home Health? Yes  No

Previously worked for A Better Care Home Health? Yes  No

When? \_\_\_\_\_ Supervisor \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Have you ever been convicted of a felony? Yes  No

Within the last 7 years? If so, when?      Yes       No       Year \_\_\_\_\_

Briefly explain \_\_\_\_\_  
 \_\_\_\_\_

### **EDUCATION**

Circle highest grade completed:    1   2   3   4   5   6   7   8   9   10   11   12   13   14   15  
 16+

	Location	Date Attended	Degree Earned
High School			N/A
College/University			
Trade/Vocational			
Other			

### **EMPLOYMENT HISTORY**

**PLEASE FOLLOW THESE INSTRUCTIONS:** Please give the details of your previous jobs. Applicant must provide all information requested including Street Name/Number, City, State, Zip Code, Telephone and if possible Fax Number; Otherwise, this application may not be processed.

Position: _____	Employer	Address <b>(Must include Street Name/Number, City, State, Zip Code to process application)</b>	Telephone & Fax	Supervisor
From _____			Telephone #: (    ) _____	Name: _____
To _____			Fax # : (    ) _____	Position: _____
Position: _____	Employer	Address <b>(Must include Street Name/Number, City, State, Zip Code to process application)</b>	Telephone & Fax	Supervisor
From _____			Telephone #: (    ) _____	Name: _____
To _____			Fax # : (    ) _____	Position: _____
Position: _____	Employer	Address <b>(Must include Street Name/Number, City, State, Zip Code to process application)</b>	Telephone & Fax	Supervisor
From _____			Telephone #: (    ) _____	Name: _____

To _____			Fax # : ( ) _____ _____	Position: _____
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May we contact your present employer at this time?      Yes       No

Language spoken:

\_\_\_\_\_

What skills do you have that would be useful in this line of work? \_\_\_\_\_

\_\_\_\_\_

Tell us about yourself \_\_\_\_\_

\_\_\_\_\_

What do you hope to learn or experience if employed with A Better Care Home Health? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **REFERENCES**

**PLEASE FOLLOW THESE INSTRUCTIONS:** *Excluding relatives and former employers*, list three references. You must provide all requested information including Street Name/Number, City, State and Zip Code; Otherwise this application may not be processed.

Name	Address (Must include Street Name/Number, City, State & Zip Code to process this application)	Telephone & Fax	Years Acquainted
First Name: _____  Las Name: _____		Telephone #: ( ) _____ _____ Fax # : ( ) _____ _____	
Name	Address (Must include Street Name/Number, City, State & Zip Code to process this application)	Telephone & Fax	Years Acquainted
First Name: _____  Las Name: _____		Telephone #: ( ) _____ _____ Fax # : ( ) _____ _____	
Name	Address (Must include Street Name/Number, City, State,	Telephone & Fax	Years Acquainted

	<b>&amp; Zip Code to process this application )</b>		
First Name: _____		Telephone #: (    ) _____	
Las Name: _____		Fax # : (    ) _____	

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***EMERGENCY CONTACT INFORMATION***

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Name	Phone #	Relationship
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What are your means of transportation? Check the one that applies.

- Bus
- Self-Owned Car
- Others (must specify) \_\_\_\_\_

Do you have any restrictions that we need to consider when we staff you?

- Yes (please specify) \_\_\_\_\_  
\_\_\_\_\_
- No

Do you currently hold any state licenses or certificates of education?

- Yes (please list) \_\_\_\_\_
- No

## EMPLOYMENT AGREEMENT

This agency does not discriminate in hiring based on race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, age, physical, or mental disability. No information requested on this application is intended to secure information to be used for such discrimination.

I voluntarily give this agency the right to make a thorough investigation of my past employment and activities. I also agree to cooperate in such investigation and release from liability or responsibility all persons companies or corporations supplying such information. I consent to take the physical examination, and future physical examinations as may be required. I understand that my employment may be contingent on the completion of the pre-employment requirements, current CPR Card, TB Test/Chest X-ray, Fingerprints/Criminal History Clearance, valid proof of identification, Basic Training, Human Resource Orientation, as these relate to the essential duties that I would be required to perform.

I understand that my employment is at will; either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (I-9), present satisfactory evidence of identity and eligibility of employment.

X \_\_\_\_\_

X \_\_\_\_\_

Signature

Date

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## EMPLOYMENT VERIFICATION

### AUTHORIZATION TO RELEASE INFORMATION

I, **x** \_\_\_\_\_, authorize this employer to release information to A Better Care Home HealthI also release the employer from any and all liability resulting from the release of such information. I understand that the employer, if so directed by the court, may release other information.

Position Applied for:  $\xi$  Personal Care Attendant/Caregiver     $\xi$  Other: \_\_\_\_\_

Applicant's Signature      **X** \_\_\_\_\_

Social Security Number    **X** \_\_\_\_\_

**-----APPLICANTS STOP HERE PLEASE-----**

We would like to verify employment for the above named individual. In order for us to process this application, we would like the following information completed. Please fax the requested information to: **(208) 888-5201 Attention: Human Resource Director.**

	Comments		Comments
Currently Employed	Yes    No	<b><i>Dependability</i></b>	Excellent, Good, Fair, Poor
Eligible for Rehire	Yes    No	<b><i>Cooperation</i></b>	Excellent, Good, Fair, Poor
Date of Employment		<b><i>Quality of Work</i></b>	Excellent, Good, Fair, Poor
Position Held		<b><i>Reason for Leaving</i></b>	Excellent, Good, Fair, Poor

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

\_\_\_\_\_  
Print Name Title