

A Better Care Home Health

100 S Adkins Way #101, ID 83642
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 in the area. We take pride in knowing our clients can receive the care they need from 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 those we care for.

In our goal to ensure employee and client safety, we subject our applicants to the following pre-employment requirements. Please take time to bring the following to your orientation:

- Valid CPR card; if needed a class is provided at a fee of \$55.00
- Current TB Test result
- Current Driver's license or State issued I.D. card
- Copy of Current Auto Insurance
- Copy of DMV Driving Record
- Social Security Card, Birth Certificate or Alien Registration with photo
- Fingerprints through the Department of Health & Welfare. This process needs to be started by going to their website at <https://chu.dhw.idaho.gov>. Go to new user registration, set up a user name and password then log in. Choose Complete Application from the menu. Please call us for our user ID. Be sure to print your application when finished and get it notarized so you can start working right away. This application will then be needed when getting your fingerprints done by the Health & Welfare department. Their fee for the fingerprinting is \$55.00.

A Better Care Home Health does not typically pay for any of these requirements; however, if you need assistance speak with the Human Resources Department.

Please complete the attached application form. Please **do not** leave any spaces blank. Write N/A if not applicable. We look forward to having you part of our team.

Sincerely,

The Management & Staff
A Better Care Home Health

A Better Care Home Health

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Phone: 208-888-6232 Fax: 208-888-5201
Web Site: safeinhomecare.com

Application For Employment

PERSONAL INFORMATION

Do Not Leave Any Spaces Blank

Date: _____

Name (First, Middle, Last): _____

Previous/Maiden Name: _____

Are you over 18 years of age? _____

Address: _____

City _____ State _____ Zip Code _____

Telephone () _____ Cellular () _____

E-mail address _____ Social Security # _____

Are you a smoker? _____

Can you refrain from smoking while at work? _____

EMPLOYMENT DESIRED

Position Applied for: _____

How did you hear of this opening? _____

If hired, date available to begin working: _____

Have you ever applied to A Better Care Home Health? _____

Have you previously worked for A Better Care Home Health? _____

When? _____ Supervisor: _____

Reason for Leaving? _____

Please note, work hours are based on client preferences. You may be called and asked to work times other than those you list here as preferred.

Hours Preferred							
	S	M	T	W	T	F	S
From							
To							

Do you have the legal right to work in the United States? _____

Have you ever been convicted of a felony within the last five years? _____
 If so, when? Briefly explain:

Have you had a DUI within the last five years? _____

Do you have reliable transportation? _____

EDUCATION

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

EMPLOYMENT HISTORY

Please make sure to add Fax numbers

Company: _____ Address: _____ City _____ State _____
Telephone () _____ Fax () _____ Wage _____
Position: _____ Supervisor: _____ Dates Worked: From _____ To _____
Reason for leaving: _____
Company: _____ Address: _____ City _____ State _____
Telephone () _____ Fax () _____ Wage _____
Position: _____ Supervisor: _____ Dates Worked: From _____ To _____
Reason for leaving: _____

Company: _____ Address: _____ City _____ State _____

Telephone () _____ Fax () _____ Wage _____

Position: _____ Supervisor: _____ Dates Worked: From _____ To _____

Reason for leaving: _____

Do we have permission to contact your current employer? _____
 If No, please explain:

Do you have reliable transportation? _____

PERSONAL REFERENCES
 Please do not use family members

Name: _____ Telephone () _____ Years Known: _____ Address _____ City _____ State _____
Name: _____ Telephone () _____ Years Known: _____ Address _____ City _____ State _____
Name: _____ Telephone () _____ Years Known: _____ Address _____ City _____ State _____

EMPLOYMENT AGREEMENT

I certify that I have read and fully completed all pages of this application and that the information contained herein is correct to the best of my knowledge. 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 for 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 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 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 anytime 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.

Print Name

Signature

Date

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EMPLOYMENT VERIFICATION AUTHORIZATION TO RELEASE INFORMATION

I, _____, authorize this employer to release information to A Better Care Home Health. This also releases 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: Personal Care Attendant/Caregiver Other: _____

Applicants Signature: _____

Social Security #: _____

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

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	Dependability	Excellent, Good, Fair, Poor
Eligible for Rehire	Yes No	Cooperation	Excellent, Good, Fair, Poor
Date of Employment		Quality of Work	Excellent, Good, Fair, Poor
Position Held		Reason For Leaving	

Signature: _____ Date: _____

Print Name: _____ Title: _____