

Intouch Home Care Services

Application for Employment List

Dear Applicant:

Thank you for your inquiry regarding opportunities within our company. We are always looking for Experienced professional and appreciate your desire to work with us!

To be considered for employment with Intouch Home Care Services we require the following:

Required Documents

- A. Current CPR and First Aide Cards
- B. Georgia Nurse Aide Registry Certification Letter (Nursing Assistants)
- C. Professional License (RN's and LPN's)

In addition, our payroll department will need copies of two forms of ID to be attached to your I-9 form. Send copies, not originals, choose one form of ID from each list below:

Select one from this List:

- A. Valid driver's License (required) or picture ID card issued by the State
- B. School ID card (must contain your picture on the card)
- C. Voters registration card

Select one from this List:

- A. US Social Security Card
 - B. Certified copy of your birth certificate
 - C. US Citizen ID Card (INS form I-197)
- ❖ Reliable Transportation and proof of Auto mobility Insurance
 - ❖ Working Telephone
 - ❖ Current Copy of annual TB test results

Included with this letter are several forms that must be completed, signed, and dated.

Application for employment
Work Reference Form(s)
Authorization for Consent Form (Criminal Background Check)

As part of the application process Intouch Home Care Service will verify work reference from previous employers and process a criminal History Background. To expedite this process we would appreciate your prompt response. Upon completion of the application process you may be in for an interview.

Thanks you in advance for your cooperation, and we look forward to hearing from you soon.

Sincerely,

Management

Please read Carefully-Write Clearly-Answer All Questions

THE QUESTIONS ON THIS FORM ARE BEING ASKED TO PROPERLY EVALUATE YOUR ABILITY AND CHANCE FOR SUCCESS IN THE POSITION FOR WHICH YOU ARE APPLYING. EVERY EFFORT HAS BEEN MADE TO COMPLY WITH THE APPLICABLE FEDERAL LAW AND LAW OF OUR STATE. IT IS NOT OUR INTENT TO DISCREMINATE IN EMPLOYMENT BASED ON RACE, SEX, RELIGION, AGE, NATIONAL, ORIGIN, OR DISABILTY. WE ARE EQUAL OPPORTUNITY EMPLOYER.

EMPLOYMENT APPLICATION FORM

An Equal Opportunity Employer committed to an alcohol, drug and smoke free environment

FOR OFFICE USE ONLY	
1 st Interview date	_____

2 nd Interview date	_____

USE INK, PLEASE PRINT

Position desired: _____

Date available: _____

Name: _____			SS #: _____
Last	First	MI	DOB: _____
Address: _____			Home Phone: (____) _____
Street			Work Phone: (____) _____
City			Cell Phone: (____) _____
State		Zip	

Are you at least 18 years of age? Yes No *if No, you may be required to provide work authorization.*

Have you ever been convicted of a felony? Yes No *If yes, explain briefly (Conviction of a felony is not an automatic bar to employment. We will consider relevant facts and circumstances surrounding the conviction.)*

Have you ever worked or filed an application at this office? Yes No *if yes, please list dates and explain:*

Are you currently under any pending investigation or charge? Yes No

Has a license held ever been revoked, surrendered or suspended? Yes No *if yes, please list dates and explain:*

Are you on the Medicare/Medicaid exclusions list or pending current investigation? Yes No

Will you submit to a drug screen, background check and physical examination (if required) as part of the employment process? Yes No

Do you have a legal right to work in the U.S.? Yes No *(Note: By federal law requires proof of U.S citizenship or valid alien work authorization upon employment)*

WHAT SHIFTS CAN YOU WORK? Days Evenings Nights Day/Evening Day/Night Day/Evening/Night Weekends Alternating

Weekends Only AVAILABILITY? Fulltime (40 hrs./wk.) Part-time (# of hours per week desired) Regular Temporary Summer Only On Call

TO BE COMPLETED BY REGISTERED, LICENSED, OR CERTIFIED APPLICANTS:				Office Use Only:
State	Original No.	Current No.	Expiration Date	Verification

EMPLOYMENT RECORD List last two jobs with most current listed first, include military service. Please complete this section even if submitting a resume. *May we contact your present employer?* Yes No

Name of Company
Address – Street
City, State, Zip
Phone (include Area Code)
Your job title
Supervisor
Summary of job duties and responsibilities
Dates of Employment From _____ /Current
Reason for leaving
Office Use Only

Name of Company
Address – Street
City, State, Zip
Phone (include Area Code)
Your job title
Supervisor
Summary of job duties and responsibilities
Dates of Employment From _____ TO _____
Reason for leaving
Office Use Only

REFERENCES: Work or Education related. (Please do not list relatives.)				Office Use Only:
Name	Address	Phone (daytime)	Occupation	Reference Requested
1.		()		

Emergency Contact Information

Name: _____				
_____	_____	_____	_____	Primary Phone : () _____
_____	_____	_____	_____	Alternate Phone : () _____
_____	_____	_____	_____	Relationship _____
_____	_____	_____	_____	
City	State	Zip		

AGREEMENT I authorize the investigation of all statements contained in this application. I understand that misrepresentation or omission of information in connection with my application and/or interview will be sufficient cause, in and of itself, for rejection or dismissal whenever discovered.

I understand and agree that any offer of employment is dependent upon satisfactory completion of a pre-employment investigation which includes but is not limited to education and work history verification, reference checks and any investigation required by local, state, or federal laws.

I understand that if I am hired by Intouch Home Care Services, my employment will be for an indefinite period of time and will be "at will", which means that either I or Intouch Home Care Services may terminate the employment relationship at any time and for any or no reason. I further understand that, if hired, my at-will employment status may only be changed in a written contract signed by the President of Intouch Home Care Services or the President's authorized representative, and that no representative of Intouch Home Care Services has the authority to make any oral promise to me concerning my employment. Finally, I also understand that while Intouch Home Care Services supports current policies and benefits, it retains the right to change them at any time, with or without notice.

Intouch Home Care Services is committed to providing a safe, healthy and productive work environment and supports a smoke free, alcohol and drug-free environment.

Signature: _____

Date: _____