

Pre-Hire Interview

Interview conducted by: _____ Date _____

Name: _____ Phone _____

Position applying for: _____ Possible start date: _____

Current training certificate? Y N If yes where from: _____

Ever worked in home care? Y N If yes, where _____

Currently working anywhere? Y N If yes, where _____

AGENCY POLICY: we cannot hire individuals with convictions listed as unemployable by the state. Would anything be likely to show up on their Criminal History check to prevent us from hiring?
 N Y

DIRECT CARE STAFF INTERVIEW (PRE-Screening) Question work history, explain structured environment and ask problem solver, open ended questions, (document responses)

1. What would you do if you arrive at a Client's home and he/she refused to let you in?
Brief verbal response: _____

2. What would you do if your Client fell and insists that you do not call for help and insists that they are ok?
Brief verbal response: _____

3. How long do you think it is okay to hold onto paperwork for a Client?
Brief verbal response: _____

4. How do you feel about scheduling an elderly Client's visit at 8 pm?
Brief verbal response: _____

5. How would you respond if the supervisor gives you a written warning for something they has discovered happened?
Brief verbal response: _____

A.R.T. HOME CARE

**Authority for Release of Information
State and National Record Check**

I authorize the Agency's choice of a qualified criminal background check company to perform a Statewide and/or Nationwide Criminal History Records Information Search in connection with my application for employment, or volunteer services with A.R.T. HOME CARE pursuant to N.C.G.S. 114-19.3, 131D-40 or 131E-265.

Name: Last First Middle Maiden

(Print or Type)

Social Security Number DOB Sex Race

I understand that the Agency's choice of a qualified criminal background check company, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named Health Care Provider, and I hereby release said agency and person(s) from any and all liability which may be incurred as a result of furnishing such information. I further understand that the Health Care Provider cannot release a **hard copy** of the results of this criminal history check to me.

Applicant's/Employee's/Volunteer's Signature Date

01-132-02
Health Care Providers

PRE-HIRE CHECKS

Employee: _____ Social Security#: _____

Place all forms in corresponding personnel file.

NC HEALTH CARE PERSONNEL REGISTRY CHECK: before hire of unlicensed personnel. All In Home Aides providing EXTENSIVE ASSISTANCE to clients must be listed on the NAR. If only LIMITED ASSISTANCE is required, the Aide is not required to be listed on the NAR. https://www.ncnar.org/verify_listings1.jsp

Registry Check completed on: _____ by _____

Person conducting check signature

LICENSE CHECK (as applies): All licensed professionals must produce their current professional license and you must also check their credentials online to see if in fact the licensee is listed as "in good standing". The online statement must be printed and placed in their personnel file along with a copy of the current license presented.

NC nursing professionals: <https://apps.ncbon.com/LicenseVerification/Search.aspx>

Licensure checked online: YES

Is professional's license listed as "in good standing"? YES NO

Person conducting check signature

OIG FRAUD CHECK (all staff if receive any funding from state or federal sources):

Every employee has an OIG Exclusions check at: <http://exclusions.oig.hhs.gov/>

Has this been checked: YES Date: _____ No

Print out results screen.

Person conducting check signature

Employment Application

Availability: check all that you could work						
Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Day hours		Evening hours (5-9 P)		nights (9 P-12 MN)		overnights
live-in						

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired:	<input type="checkbox"/> Per Diem	Number of Hours: _____
	<input type="checkbox"/> Part Time	Number of Hours: _____
	<input type="checkbox"/> Full Time	Number of Hours: _____

Last Name	First Name	Middle Initial
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Mailing Address	City	State	Zip Code
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(____) _____ Home Phone Number	(____) _____ Cell Phone Number or	(____) _____ Work Phone Number
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Email address _____

Language skills other than English (written/spoken) _____

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? Yes No

If not legal citizen: Do you have a green card? Yes No

Do you have a social security card? Yes No

Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____ Which newspaper

Internet _____ Which site?

Current Employee _____

Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (____) _____

Work Phone Number: (____) _____

Cell Phone Number: (____) _____

A.R.T Home Care Inc an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
 Address: _____ End Date: _____
 Position: _____ Phone Number: (____) _____
 Supervisor: _____ Salary: _____
 Reason for Leaving: _____

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 Position: _____ Phone Number: (____) _____
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 Supervisor: _____ Salary: _____
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Education	Name & Location	Course of Study	Years Completed	Date Graduated
High School:	_____			
College:	_____			
Other:	_____			
Other:	_____			

Military Service
 Branch of Service: _____ Dates of Service: _____
 Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
 Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date

Reference Form #1

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with A.R.T Home Care Inc

Name: _____ Social Security # _____

Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date of signature _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

A.R.T Home Care Inc
803 Hermitage Road, Burlington NC 27215
(336) 524-6258 FAX: (336) 524-6258

** If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.

Reference Form #2

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with A.R.T Home Care Inc

Name: _____ Social Security # _____

Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date of signature _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

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