

# NEW APPLICANT WORKSHEET FOR DEBESTQUALITY PHC, INC

REFERRAL SOURCE \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_

- YELLOW PAGES \_\_\_\_\_
- JOB FAIR ( WHERE) \_\_\_\_\_
- NEWSPAPER \_\_\_\_\_
- FAMILY / FRIEND / EMPLOYEE \_\_\_\_\_ NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL # (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

TYPE OF TRANSPORTATION  CAR  BUS  OTHER \_\_\_\_\_

**PLEASE INCLUDE ALTERNATIVE NUMBERS OR REFERENCES NUMBERS AT WHICH YOU COULD BE REACHED**

TEL # (1) \_\_\_\_\_ (2) \_\_\_\_\_

(3) \_\_\_\_\_ (4) \_\_\_\_\_

## AREAS WILLING TO WORK / TRAVEL

**5-North East Ga.**

-----Clark  
-----Walton  
-----Jackson  
-----Greene  
-----Newton

**3-Atlanta Region**

-----Fulton  
-----De kalb  
-----Clayton  
-----Rockdale  
-----Douglas  
-----Henry

**4-Southern Crescent**

-----Butts  
-----Carroll  
-----Coweta  
-----Heard  
-----Lamar  
-----Meriwether

**8. Central Savannah Region**

-----Burke  
-----Columbia  
-----Glascok  
-----Hancock  
-----Jefferson  
-----Jenkins

**7- Middle Georgia**

-----Bibb  
-----Baldwin  
-----Monroe  
-----Putman  
-----Pulaski

**8 Heart of Georgia**

-----Laurens  
-----Tooms  
-----Trentlen  
-----Wayne  
-----Wheeler

**7-West Central**

-----Chattahoochee  
-----Crisp  
-----Dooly  
-----Muscogee  
-----Sumter

-----Cobb

-----Fayette  
-----Gwinnett  
-----Cherokee

-----Pike

-----Spalding  
-----Troup  
-----Upson

-----Lincoln

-----Mc Duffie  
-----Richmond  
-----Screven  
-----Taliaferro  
-----Warren  
-----Washington  
-----Wilkes

**Heart of Georgia**

-----Appling  
-----Bleckley  
-----Candler  
-----Dodge  
-----Emanuel  
-----Evans  
-----Jeff Davis  
-----Johnson

-----Wilcox  
-----Montgomery  
-----Tattnall  
-----Telfair

**OTHER COUNTIES AVAILABLE TO WORK;** \_\_\_\_\_

**DAYS AVAILABLE FOR WORK**

SUN	MON	TUE	WED	THUR	FRI	SAT

**SHIFT PREFERRED**

- LIVE-IN  7A-7P  7P-7A  7A-3P  8A-4P  3P-11P
- AVAILABLE FOR SHORT SHIFTS  YES  NO

DO NOT CALL BETWEEN THE HOURS OF \_\_\_\_\_

**OFFICE USE**

REVIEWED BY \_\_\_\_\_ REFERENCES DATE VERIFIED \_\_\_\_\_

REFERENCES REVIEW BY \_\_\_\_\_ HIRE DATE \_\_\_\_\_

# DEBESTQUALITY PRIVATE HOME CARE, INC.

## EMPLOYMENT APPLICATION

DeBestQuality Private Home Care, Inc. is an equal opportunity employer. We adhere to policy of making employment decisions without regard to race, religion, color, national origin, sex, age, marital status, veteran status or disability.

### Personal Information

NAME			Date Of Birth		
Last	First	Middle	Social Security Number		
			License/Certification #		
Present Address					
Street		City	County	State	Zip
Contact Information					
Home Phone: ( )		Work Phone:		Pager/Cell ( )	

Please Answer the Following Questions With YES or NO

Have you ever been shown by any credible evidence to have abused, neglected, sexually assaulted, exploited, or deprived, any person or have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evident by an oral/written statement? **YES** [ ] **NO** [ ]

Have you ever been convicted of a felony that was not expunged or sealed in court? **YES** [ ] **NO** [ ]

### JOB INTEREST

	<input type="checkbox"/> CNA	<input type="checkbox"/> PCA	<input type="checkbox"/> LPN	<input type="checkbox"/> RN	Minimum Salary Desired: \$ _____	
Specialty				<input type="checkbox"/> Home Care	<input type="checkbox"/> Home Visit	
Have you previously applied for employment at DeBestQuality Private Home Care				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you now working or have you ever worked for other agencies? If Yes which ones:						

### EDUCATION

ELEMENTARY / JUNIOR HIGH SCHOOL GRADE COMPLETE 1[] 2[] 3[] 4[] 5[] 6[] 7[] 8[] NAME: _____ ADDRESS _____	GRADUATED YES <input type="checkbox"/> NO <input type="checkbox"/> YEAR GRADUATED _____
HIGH SCHOOL HIGHEST GRADE COMPLETED 9[] 10[] 11[] 12[] NAME: _____ ADDRESS _____	GRADUATED YES <input type="checkbox"/> NO <input type="checkbox"/> YEAR GRADUATED _____
NAME OF NURSING SCHOOL / COLLEGE ADDRESS: _____	GRADUATED YES <input type="checkbox"/> NO <input type="checkbox"/> YEAR GRADUATED _____
NURSE AIDE TRAINING SCHOOL ATTENDED: NAME: _____ ADDRESS: _____	GRADUATED YES <input type="checkbox"/> NO <input type="checkbox"/> YEAR GRADUATED _____

Please specify time available	Available to begin work: [ ] Part Time [ ] Full Time						
	Sun	Mon	Tue	Wed	Thurs	Fri	Sat
DAYS 7a-3p							
EVENINGS 3a-11p							
NIGHTS 11 p- 7a							



**EMPLOYMENT HISTORY ( MUST HAVE 5 YRS OF EMPLOYMENT HISTORY)**

EMPLOYER			POSITION
ADDRESS			DUTIES
CITY	COUNTY	STATE	
TELEPHONE			Dates Employed: From _____ To _____
SUPERVISOR			Annual Salary or Hourly Wage? (Circle one)
Reason for leaving			Beginning _____ Ending _____

Employer			Position
Address			Duties:
City	County	State	
Telephone		Supervisor	Dates Employed: From _____ : _____ To _____
Reason for Leaving			Annual Salary or Hourly Wage? (Circle one) Beginning _____ Ending _____

Employer			Position
Address			Duties:
City	County	State	
Telephone		Supervisor	Dates Employed: From _____ To _____
Reason for Leaving			Annual Salary or Hourly Wage? Beginning _____ Ending _____

**Personal and Professional References**

Name	<input type="checkbox"/> Co-worker <input type="checkbox"/> Friend	Phone#	Years Known
Name	<input type="checkbox"/> Co-worker <input type="checkbox"/> Friend	Phone#	Years Known

**Additional Information**

Do you have hospital/ Home Care/ Nursing Home Experience? Yes  No  If yes, where and how long?

Do you have any physical disabilities that preclude you from performing any work for which you are being considered? Yes  No

Describe in detail

In Case Of Emergency Notify:

Name	Address	Phone
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How were you referred to DeBestQuality Private Home Care.?

Job Fair  QPHC Employee  Newspaper  Internet  Dept of Labor  Other Specify \_\_\_\_\_

I hereby certify that all statements made on this application is accurate and true, complete, and correct to the best of my knowledge and believe and realize that inclusion of false information or omission of material could result in **DISMISAL of employment or REMOVAL of my application from further consideration.** I also hereby certify that I am not suffering from a communicable disease or mental disorder which would hinder my job performance, nor have I been charged with or convicted of a crime involving abuse, neglect, exploitation, or deprivation of a child or adult. I hereby authorize all my employers and police/sheriff dept. unless otherwise stated to release any and all information in regards to my employment as requested.

Applicant Signature: \_\_\_\_\_ Date \_\_\_\_\_

# DEBESTQUALITY PRIVATE HOME CARE, INC.

## EMPLOYMENT REFERENCES

DATE: \_\_\_\_\_

Dear \_\_\_\_\_: Of \_\_\_\_\_

The importance of checking references on personnel working in a life/death situation cannot be overemphasized. The applicant whose signature appears below has given you as a source of reference. May we count on your assistance in substantiating the qualifications of our applicants? You can count on our strict confidence in handling any information you may want to let us have.

\_\_\_\_\_  
Branch Representative

**Applicant: Please fill out shaded areas only.**

**Applicant:** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Dates Employed: From** \_\_\_\_\_ **To:** \_\_\_\_\_

**I hereby authorize the following information be released to DeBestQuality Private Home Care, Inc.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do the above employment dates correspond to your records?

YES

NO

Does the above position correspond to your records?

YES

NO

Subject to rehire?

YES

NO

If no, why not?

\_\_\_\_\_  
\_\_\_\_\_

Any comments on this applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Position** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to applicant \_\_\_\_\_  
\_\_\_\_\_

If verified by telephone: Contact Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

Please send me information on DeBestQuality Private Home Care, Inc.

If responding by mail send to: Attn: Human Resources 2210 Noelle Place, Powder Springs, GA 30127.

If responding by fax send to Attn: Human Resources1 (678) 793-2891 (Nurses and allied health personnel available locally and on traveling contracts to help meet your staffing requirements).

# DEBESTQUALITY PRIVATE HOME CARE, INC.

## EMPLOYMENT REFERENCES

DATE: \_\_\_\_\_

Dear \_\_\_\_\_: Of \_\_\_\_\_

The importance of checking references on personnel working in a life/death situation cannot be overemphasized. The applicant whose signature appears below has given you as a source of reference. May we count on your assistance in substantiating the qualifications of our applicants? You can count on our strict confidence in handling any information you may want to let us have.

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**Applicant:** \_\_\_\_\_ **Soc. Sec. #** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Dates Employed: From** \_\_\_\_\_ **To:** \_\_\_\_\_

**I hereby authorize the following information be released to DeBestQuality Private Home Care, Inc.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do the above employment dates correspond to your records?

YES

NO

Does the above position correspond to your records?

YES

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Subject to rehire?

YES

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If no, why not?

\_\_\_\_\_

Any comments on this applicant:

\_\_\_\_\_

\_\_\_\_\_

General Comments:

\_\_\_\_\_

\_\_\_\_\_

**Signature** \_\_\_\_\_ **Position** \_\_\_\_\_ **Date** \_\_\_\_\_

Relationship to applicant

\_\_\_\_\_

If verified by telephone: Contact Name \_\_\_\_\_ Position \_\_\_\_\_ Date \_\_\_\_\_

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# COBB POLICE DEPARTMENT

CHIEF OF POLICE

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A State Certified Law Enforcement Agency

## COBB POLICE DEPARTMENT CRIMINAL HISTORY CONSENT FORM

I hereby authorized DEBESTQUALITY PRIVATE HOME CARE, INC.  
to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or any local criminal justice agency in Georgia.

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Full Name (Printed)

---

Address

---

Sex

---

Race

---

Date of Birth

---

Social Security Number

---

Signature

---

Date

---

Special employment provisions (check if applicable)

- Employment with medically disabled (Purpose code 'M')
- Employment with elderly care (Purpose code 'N')
- Employment with children (Purpose code 'W')

**One of the following must be checked:**

- This authorization is valid for 90 /180 \_\_\_\_\_ (circle one) days from the date of signature
- I, \_\_\_\_\_ give my consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

**DEBESTQUALITY PRIVATE HOME CARE, INC.**

**EMPLOYEE PHYSICAL REPORT**

<b>NAME</b>	<b>BIRTH DATE</b>	<b>SEX</b> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
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**MEDICAL HISTORY**

<b>PHYSICAL CONDITIONS KNOWN</b>	<b>PROBLEMS</b>		<b>PLEASE ANSWER YES</b>
PSYCHIATRIC PROBLEMS	YES	NO	WORKERS COMP CASE PENDING YES <input type="checkbox"/> NO <input type="checkbox"/>
DRUG DISORDERS			<b>PHYSICIAN PERMISSION TO WORK IF ANSWER IS YES</b> <input type="checkbox"/>
COMMUNICABLE DISEASE			FILLED FOR WORKERS COMP BEFORE YES <input type="checkbox"/> NO <input type="checkbox"/>
PHYSICAL LIMITATIONS			ON MEDICAL LEAVE OF ABSENCE FROM ANOTHER JOB YES <input type="checkbox"/> NO <input type="checkbox"/>
BLADDER, KIDNEY DISEASE			HAVE MEDICAL COVERAGE YES <input type="checkbox"/> NO <input type="checkbox"/>
HIGH BLOOD PRESSURE			HOSPITALIZED THIS PAST YEAR YES <input type="checkbox"/> NO <input type="checkbox"/>
HERNIA RUPTURE			HAD SURGERY THIS PAST YEAR YES <input type="checkbox"/> NO <input type="checkbox"/>
CANCER MALIGNANCY			ARE YOU PREGNANT YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES HOW MANY MONTHS _____
SKIN DISEASE			CHILDBIRTH THIS PAST YEAR YES <input type="checkbox"/> NO <input type="checkbox"/>
HEADACHES FROM HEAD INJURIES			<b>YES TO ANY OF THESE QUESTIONS PLEASE EXPLAIN</b>
RHEUMATIC FEVER, HEART DISEASE			
SPILEPSY FAINTING SPELLS			
TUBERCULOSIS			
STROKE, PARALYSIS			
EYE,EAR,THYROID PROBLEMS			
DIABETES			
ASTHMA			
STOMACH, BOWEL PROBLEMS			

**IF MEDICAL CONDITION NOT LISTED PLEASE MENTION**

**LIST ALLERGIES:**

1. ANIMALS DOGS  CATS  BIRDS  OTHER  \_\_\_\_\_  
EXPLAIN: \_\_\_\_\_

**SMOKER:**

1. NON-SMOKER YES  NO  **NOTE:** SMOKING IS NOT ALLOWED IN OR AROUND CLIENT'S HOME  
 2. ALLERGIC TO SMOKE YES  NO  SOMECLIENT'S ARE ALLERGIC TO SMOKE OF CIGARETTES AND OTHER  
 3. SMOKES ONLY AT HOME YES  NO  HIGH PERFUMED ODORS. PLEASE BE MINDFUL OF THIS FACT.  
 4. NEEDS SMOKE BREAKS EVERY \_\_\_\_\_ MINUTES \_\_\_\_\_ HOURS

**REQUIRED FOR HOME CARE WORKERS**

	<b>DATES TAKEN</b>	<b>RESULTS</b>	<b>RESULTS</b>	<b>OFFICE USE ONLY : CLEARANCE TO WORK</b>
TB TEST <input type="checkbox"/>		1.POSITIVE <input type="checkbox"/>	1.NEGATIVE <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL _____
X RAY <input type="checkbox"/>	1. _____	2.POSITIVE <input type="checkbox"/>	2.NEGATIVE <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL _____
	2. _____	3.POSITIVE <input type="checkbox"/>	3.NEGATIVE <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> INITIAL _____
	3. _____	NOTE: MUST FILL OUT SYMPTOMS CHECK FORM AND NEED CHEST X RAY		PENDING <input type="checkbox"/> CLEARANCE TO WORK MUST BE GIVEN BY RN/ OR LPN



**DEBESTQUALITY PRIVATE HOME CARE, INC.  
EMPLOYEE POLICIES AND PROCEDURES**

Every employee or independent contractor is expected to conduct themselves in a professional manner while in the client's home or workplace. You are depended upon to arrive at assigned client's home on time and in proper uniform. Once working, you are expected to provide quality patient care and or services according to your job classification and description. You must follow the policies and procedures of the Medicaid / Medicare program as well as DeBestQuality Private Home Care, Inc.

**THE FOLLOWING IS GROUNDS FOR DISMISSAL  
AND MAY RESULT IN DISQUALIFICATION FOR UNEMPLOYMENT BENEFITS**

**PLEASE READ AND CHECK OFF:**

- All information about the client must be kept confidential (HIPPA policies and procedures must apply to all clients information)
- An unusual amount of cancellations (2 (two) cancellations in 30 days called in after 4pm to on call manager.
- A no-show for a previously confirmed shift (neglecting to call office to cancel shift) will result in 2 months suspension for booking shifts
- Habitual tardiness as reported by the client
- Failure to provide all required documentation ( CPR, FIRST AIDE ,TB certification completed IN-SERVICES) for personnel files.
- Falsification of records or timesheets.
- Client complaints caused by poor performance on an assignment.
- Insubordination to administrative staff.
- Non-compliance to OSHA/ Infection Control Standards or with Drug Free Workplace Policies.
- Theft of client's property, borrowing money or other items from the client.
- Sleeping while on an assignment, live –in cases need more clarification.
- Illegal possession or attempting to take part in illegal sale and trafficking of illegal drugs or contraband.
- Willful disregard for clients' and DeBestQuality Private Home Care's policy.
- Unauthorized removal of property belonging to client e.g. food, drinks etc.
- Smoking in authorized areas.
- Excessive use of cell phone or blue tube while in home while providing client care with excessive incoming and outgoing personal calls.( Cell phones are to be used for emergencies or communicating with the DeBestQuality Private Home Care office).
- Spreading malicious rumors or gossip about co-workers, the clients, or DeBestQuality Private Home Care.
- Leaving work early without contacting the staffing coordinator.
- Employees can not accept any gifts or valuables without permission from DeBestQuality Private Home Care, Inc.

**REQUIREMENTS FOR CONTINUED EMPLOYMENT WITH DEBESTQUALITY PRIVATE HOME CARE, INC.**

- Report to work 15 minutes before the assigned time of arrival to the client's home .
- Must attend orientation session and read orientation handbook .Arrangements regarding orientation will be made for the specific client assigned to work with.
- All services are to be provided in accordance with the Private Home Care and CCSP/SOURCE/ ICWP Policies and Procedures.
- You must call –in 24 hours prior to start of the assigned time to do the home visit, to ensure time enough for the client to be covered by a fill –in home care aide. On weekends, call-outs will be considered an incident of absenteeism. Unless explained by a doctor's note or a verifiable excuse.
- Two absences with-in 30 days that was not pre-scheduled (or called in between the hours of 8am and 4 pm office hours) or called in less than 24 hours will result in a 2 (two ) month suspension, for new assignments and removal from assigned clients unless accompanied by a verifiable excuse or doctor's note.
- All employees are expected to maintain telephones and to keep communication open with the staffing coordinator.
- Employees are required to work at least 1 (one) out of 30 (thirty) days to retain an active status, unless prior arrangement have been made with DeBestQuality Private Home Care.
- It is the employee's responsibility to report all work related injuries to DeBestQuality Private Home Care. Immediately (within 24 hours).Failure to do so may waiver DeBestQuality Private Home Care's responsibilities making the employee responsible for the cost of needed care.

**SIGNED BY NEW EMPLOYEES AND WITNESSED DURING THE EMPLOYMENT PROCESS**

I \_\_\_\_\_ (Print Name) have read and understand the above Policies and Procedures set by DeBestQuality Private Home Care, Inc. and by signing I agree to uphold these Policies and Procedures

\_\_\_\_\_  
EMPLOYEE SIGNATURED

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

**DEBESTQUALITY PRIVATE HOME CARE, INC.**  
**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by DeBestQuality Private Home Care. I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefits plans, policy statements, and the like as they might exist from time to time, or other DeBestQuality Private Home Care practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of DeBestQuality Private Home Care or otherwise to change in any respect the employment-at will relationship between it and the undersigned, and may end the employment relationship at any time, without specific notice or reason. If employed, I understand that DeBestQuality Private Home Care may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give DeBestQuality Private Home Care permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release DeBestQuality Private Home Care from any liability as a result of such contract.

I understand that (1) DeBestQuality Private Home Care, Inc. has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of employment; and (3) continued employment is based on the successful passing of under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations.

I understand that, in connection with the routine processing of my employment application, DeBestQuality Private Home Care will request a criminal background check and or an investigative consumer report including reported information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, DeBestQuality Private Home Care, Inc. will provide me with additional information concerning the nature and scope of any such report requested by DeBestQuality Private Home Care, Inc. as requested by the Fair Credit Reporting Act.

I further understand that my employment with DeBestQuality Private Home Care shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relation with DeBestQuality Private Home Care, Inc. is terminable at will for any reason by either party.

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Signature of Applicant

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Date

DeBestQuality Private Home Care, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with DeBestQuality Private Home Care, Inc. depends solely on your qualifications.

Thank you for completing this application package and for your interest in our business.