



---

Pashence Home Care LLC

# PRE-HIRE FORMS

---

2018

## 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 \_\_\_\_\_

PROVIDER 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: \_\_\_\_\_

**GEORGIA CRIMINAL HISTORY AFFIDAVIT**  
**Pashence Home Care LLC**

I \_\_\_\_\_, acknowledge that I have been informed by Pashence Home Care LLC that a criminal history check will be performed on my name or any previous names used. I have informed this provider of all names (i.e., maiden name, aliases) that I have used in the past. I acknowledge that I have been employed conditionally and that my employment is pending the results of the criminal history check.

I attest that I have not been convicted of any of the following, which are a permanent automatic bar to employment by this provider:

- A violation of Code Section 16-5-1, relating to murder and felony murder
- A violation of Code Section 16-5-21, relating to aggravated assault
- A violation of Code Section 16-5-24, relating to aggravated battery
- A violation of Code Section 16-5-70, relating to cruelty to children
- A violation of Code Section 16-5-100, relating to cruelty to a person 65+ years
- A violation of Code Section 16-6-1, relating to rape
- A violation of Code Section 16-6-2, relating to aggravated sodomy
- A violation of Code Section 16-6-4, relating to child molestation
- A violation of Code Section 16-6-5, relating to enticing a child for indecent purposes
- A violation of Code Section 16-6-5.1, relating to sexual assault against persons in custody, detained persons, or patients in hospitals or other institutions
- A violation of Code Section 16-6-22.2, relating to aggravated sexual battery
- A violation of Code Section 16-8-41, relating to armed robbery
- A violation of Code Section 30-5-8, relating to abuse, neglect, or exploitation of a disabled adult or elder person
- Any other offense committed in another jurisdiction that, if committed in this state, would be deemed to be a crime listed in this paragraph without regard to its designation elsewhere.

I acknowledge that if I am found to have been convicted of any other offense(s), that these offenses, the Provider will not be able to hire me.

Other Names Used: \_\_\_\_\_

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

## License Verification

Employee: \_\_\_\_\_ Social Security#: \_\_\_\_\_

**LICENSE CHECK:** All licensed professionals must produce their current professional license. Verify that 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.

GA professionals: <https://www.ncsbn.org/43.htm>

Professional Licensure checked online:  YES

Is professional’s license listed as “in good standing”?  YES  NO

Print the online screen

(Attach the findings to this form and file in the personnel file folder)

---

---

Staff conducting pre hire screening Signature

# Employment Application

## Availability: check all that you could work

Mon \_\_\_ Tues \_\_\_ Weds \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_  
Day hours \_\_\_ Evening hours (5-9P) \_\_\_ Nights (9P-12 MN) \_\_\_ overnights \_\_\_ live-in \_\_\_

Date of Application: \_\_\_\_\_ Date Available: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

Type of Employment Desired:  Per Diem # of Hours: \_\_\_\_\_  PT # of Hours: \_\_\_\_\_  FT #of Hours: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle  
Initial

\_\_\_\_\_  
Mailing Address City State Zip Code

\_\_\_\_\_  
Home Phone Number Cell Phone 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 \_\_\_\_\_  Internet \_\_\_\_\_

Which newspaper? Which site?

Current Employee \_\_\_\_\_

We'd like to thank them

Other \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Pashence Home Care LLC 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: \_\_\_\_\_ Final Salary: \_\_\_\_\_

---

Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

---

Place of Employment: \_\_\_\_\_ Start Date: \_\_\_\_\_  
Address: \_\_\_\_\_ End Date: \_\_\_\_\_  
Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Salary: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_ Final Salary: \_\_\_\_\_

---

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 provider 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 Pashence Home Care LLC

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				
<b>OVERALL RATING</b>				

Comments:

\_\_\_\_\_  
Signature/Title of Reference

\_\_\_\_\_  
Date

Pashence Home Care LLC  
410 Peachtree Parkway Bldg. 400, Suite 4245, Cumming, GA 30041  
(470) 533-6708 FAX: (404) 829-2901

\*\* If reference was contacted by phone, provider 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 Pashence Home Care LLC

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				
<b>OVERALL RATING</b>				

Comments:

\_\_\_\_\_  
Signature/Title of Reference

\_\_\_\_\_  
Date

Pashence Home Care LLC  
410 Peachtree Parkway Bldg. 400, Suite 4245, Cumming GA 30041  
(470) 533-6708 FAX (404)829-2901

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



# I-9 PDF FILE

\*\*\*\*\*

W 4