



USA Home Health Care Corp

PRE-HIRE FORMS

In Person Interview Form

Interview conducted by signature _____ Date _____

Employee Name: _____

Position applying for: _____ If Aide, current certificate _____

Has caller ever worked in home care? If yes, where _____

Is caller currently working anywhere? If yes, where _____

Would caller be interested in per diem work with us?
If yes, when could they be available to do orientation?

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?

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 arrived at a patient's home, and they refused to let you in?
Brief verbal response: _____

2. What would you do if your patient fell and insisted 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 patient?
Brief verbal response: _____

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

5. How would you respond if the Administrator calls you in to give you a written warning for something she has discovered happened?
Brief verbal response: _____

PRE-HIRE CHECKS

Employee: _____ Social Security #: _____

☐ NAR CHECK:

All paraprofessionals (HHA) must have the Nurse Aide registry Check done prior to orientation being scheduled.

Call the Florida Nurse Aide Registry at (850) 245-4125 for Florida candidates.

Online NAR Check: <https://appsmqa.doh.state.fl.us/MQASearchServices/Home>

Nurse Aide Registry Check called on: _____ by _____

Nurse Aide Registry Check returned: Yes

☐ LICENSE CHECKS:

All licensed professionals must produce their current professional license. Verify 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.

Florida professionals:

Multi-State RN or LPN: <https://www.nursys.com>

Florida RN and LPN: <https://appsmqa.doh.state.fl.us/MQASearchServices/Home>

Professional Licensure checked online: YES

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

Print the online screen

☐ OIG FRAUD CHECK:

OIG FRAUD CHECK: every employee will be checked through the OIG Exclusions Site at:

<http://exclusions.oig.hhs.gov/>

Has this been checked: YES NO

Print the online screen

☐ HHA ONLY CHECK: HHA TRAINING PROVIDER IN GOOD STANDING WITH CMS:

Verification to ensure source of training program is in good standing with CMS i.e., thru

Office of Inspector General (OIG) <https://oig.hhs.gov/exclusions>

System for Award Management (SAM) <https://sam.gov/content/exclusions>

OTHER:

Agency staff conducting pre hire screening signature/title

*** Attach finding to this form & file in personnel file.

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: Per Diem Number of Hours: _____
 Part Time Number of Hours: _____
 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 _____ 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: (_____) _____

USA Home Health Care Corp 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.

USA Home Health Care Corp

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 agency permission to call any of my cited previous employers or reference candidate and do all required background/registry checks that are required for consideration for employment at the agency.

Employee Candidate Signature

Date

Pre-Hire Home Health AIDE Read/Write/Report Competency USA Home Health Care Corp	
<input type="checkbox"/> SECTION A writing	** Ask the Applicant to fill in the following 4 lines.
Name:	
Position Applying for:	
Today's Date:	
Agency Name:	
<input type="checkbox"/> SECTION B reading	** Ask the applicant to read aloud the following:
<p>Mary is my patient who I see every week on Monday and Thursday. Mary's plan of care includes assist with bathing, blood pressure, and reporting all skin changes to the nurse. One day you go to her home and find Mary eating an apple for lunch and when assisting her with bathing, you see a large open cut on her leg you had not seen before.</p>	
<input type="checkbox"/> SECTION C verbally report clinical changes	** Ask the applicant the following 2 questions & record the answers:
Is there anything you need to report about Mary:	
Who will you report this to:	
<i>TO BE COMPLETE BY AGENCY PRE-HIRE STAFF:</i> SCORE (indicate 1 or 2 score for A,, B & C)	
<p><u>Section A Score:</u> 1. Completed 2. Unable to complete: _____</p> <p><u>Section B Score:</u> 1. Able to read 2. Unable to read: _____</p> <p><u>Section C Score:</u></p> <p>1. ID item to report & to whom 2. Unable to determine what/to whom to report clinical changes: _____</p> <p style="text-align: center;">**** Must have all "1"s for hire.</p>	
<p>Agency Hiring Staff Signature _____</p> <p>Date _____</p>	

FL AHCA Criminal Attestation Form

See PDF in Pre-Hire Forms Folder: Criminal Checks Info Folder

Reference Form #1

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with USA Home Health Care Corp

Name: _____

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 not, 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 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

USA Home Health Care Corp
823 NW 119th Street, North Miami FL 33168-2236
(786) 391-4386 FAX: (305) 397-2254

** 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 USA Home Health Care Corp

Name: _____

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 not, 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 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
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Form W-4



Form I-9, Employment Eligibility Verification