



## **REQUIRED DOCUMENTS FOR APPLICATION**

The below items are required for Employment with A1 Homecare and are required to complete your Personnel Record. After you have completed the application, please call 610-364-0553 to schedule the next step in the application process.

- Cellular telephone for regular communication with the office when out in the field
- Driver's License, State Identification Card, Passport or Alien Card
- Social Security Card
- CPR Card (preferred but not required)
- Professional License or Home Health Aide (or CNA) Certification (preferred by not required)
- Any additional certifications
- Employee Health Statement



# A1 HOMECARE

## EMERGENCY CONTACT INFORMATION

### Your Information

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Primary Emergency Contact

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

Relationship to contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Secondary Emergency Contact

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

Relationship to contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Other Information

Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Allergies (Food,Insects,Etc.): \_\_\_\_\_



# A1 HOMECARE

## **PROVISIONAL HIRING STATEMENT**

A 1 Homecare, Inc. is making accepting an application for a potential offer for employment on provisional basis, pending receipt of a criminal history report and or a ChildLine verification.

A provisional offer of employment can only be made after the applicant or the agency on behalf of the applicant has applied for a criminal history report and ChildLine verification, as applicable, with proof of the completed requests.

A provisional offer of employment is being made with no knowledge about the applicant that would disqualify the applicant under 18 Pa.C.S. § 4911 (relating to tampering with public record information), as a result of being named in the Statewide Central Register as the perpetrator of a founded or indicated report of child abuse as defined in 55 Pa. Code § 3490.4, or as a result of a criminal background check 6 Pa. Code § 15.144(b)

I the applicant for employment swear and affirm that I have applied or have had the agency apply on my behalf for a criminal history report and or a ChildLine verification and that I am not disqualified from employment under the above stated regulations.

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Signature

Date



# A1 HOMECARE

## **HIRING AND TERMINATION POLICY**

All applicants must complete an employment application and pass a background investigation prior to becoming eligible for employment. A1 Homecare (A1HC) also requires 2 years verifiable employment, 2 professional references and 3 personal references. Following the A1HC's review of all completed applications, A1HC will begin interviewing the most qualified candidates.

A1HC may make conditional offers of employment to those candidates selected during the interview process. The conditional aspect of the job offer depends on the employee's agreeing to acknowledge company policies in writing and consenting to and passing all necessary background and reference checks (if not already completed).

Following an acceptance of an offer of employment and completion of the background clearance, all new employees will be given a start date and location to report for work. Employees may only begin providing services after receiving the express permission of A1 Homecare in writing. Recipients of care may not alter the decision of A1 Homecare, Inc. regarding any employee's start date. Authorization and acknowledgment forms and policies must be signed BEFORE actual work may begin.

Offers of employment to Direct Care Workers (DCW) are for part-time/as needed employment and are on temporary basis. A1HC will assign cases at their discretion to accommodate the agency's staffing needs and to accommodate the needs of the consumers at the agency's discretion. The hours assigned to any DCW should never be construed as belonging to the DCW or to be permanent. Any DCW may be re-assigned based on agency's needs at the agency's discretion. The agency will assign cases based on need to any DCW deemed necessary. Refusal to accept assigned case for a total of up to 40 hours per week by a DCW is a refusal to work and may lead to disciplinary action up to and including termination. Refusal to work assigned hours may impact a claimant's ability to receive unemployment compensation.

An employee's first ninety (90) days of employment are on a trial basis and are considered a continuation of the employment selection process. The ninety (90) day probationary period provides A1HC an opportunity to observe and evaluate the capacity of the employee. This ninety (90) day probationary period is not a term of employment and is not intended, nor does it, impact the "at-will" nature of the relationship between A1HC and the employee.

All employees are classified as "at-will" employees. Nothing herein is intended or shall be construed to change or replace, in any manner, the "at-will" employment relationship between A1 Homecare and any employee. You, the employee or A 1 Homecare, Inc. may terminate the employment relationship at any time for any reason or no reason.

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Signature

Date



# A1 HOMECARE

## APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap, all reasonable accommodations will be provided for handicap employees.  
All information provided herein will be kept confidential.

### PERSONAL INFORMATION

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Yrs \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Yrs \_\_\_\_\_

S.S. # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Relation \_\_\_\_\_

### EMPLOYMENT INFORMATION

Position applying for: \_\_\_\_\_ Have you previously applied at A1HC \_\_\_\_ Y \_\_\_\_ N

How did you learn of our organization? Ad \_\_\_\_ Employee \_\_\_\_ Other \_\_\_\_

How many hours a week can you work? \_\_\_\_ Evenings \_\_\_\_ Y \_\_\_\_ N Weekends \_\_\_\_ Y \_\_\_\_ N

Are you a U.S. citizen? \_\_\_\_ Y \_\_\_\_ N Are you legally eligible for employment in the U.S. \_\_\_\_ Y \_\_\_\_ N

Are you currently employed? \_\_\_\_ Y \_\_\_\_ N Your current pay rate: \_\_\_\_\_ (Please provide copy of pay stub)

Do you have a car? \_\_\_\_ Y \_\_\_\_ N Valid Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Do you have auto Insurance? \_\_\_\_ Y \_\_\_\_ N Provider Info \_\_\_\_\_ Policy # \_\_\_\_\_

Verification of coverage will be required prior to employment if driving a motor vehicle is to be used for providing care to A1HC consumers and may be requested at any time thereafter.

Have you had any of the following in the past 3 years, accidents? \_\_\_\_ Y \_\_\_\_ N, moving violations \_\_\_\_ Y \_\_\_\_ N

Have you ever used a different name? \_\_\_\_ Y \_\_\_\_ N If Y, please explain \_\_\_\_\_

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

**EDUCATION**

	Name and Address of School	Years Completed	Graduated Y/N	Subjects Studies Degree received
High School				
Trade School				
Collage				

**EMPLOYMENT**

**List the last five years employment history, starting with the most recent employer**

Company Name \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title/Describe your work \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title/Describe your work \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Dates of Employment From \_\_\_\_\_ To \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Job Title/Describe your work \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**PERSONAL REFERENCES** (Persons who can furnish information about your character)

1. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_

**BACKGROUND INFORMATION**

Have you ever been convicted of a crime? \_\_\_ Y \_\_\_ N If Y, please explain \_\_\_\_\_  
 \_\_\_\_\_

Have you ever been convicted of a crime barring employment in a Home Care and Community Support Agency? \_\_\_ Y \_\_\_ N If Y, please explain \_\_\_\_\_  
 \_\_\_\_\_

Conviction will not necessarily disqualify an applicant from employment.

Answering the next two questions is optional and does not disqualify you from employment; all reasonable accommodations will be provided for handicap employees.

Are you capable of performing the job set forth in the job description? \_\_\_ Y \_\_\_ N If N, which job requirements can you not meet? \_\_\_\_\_  
 \_\_\_\_\_

Are there any conditions which would prevent you from being able to perform duties associated with the position you are applying for? \_\_\_ Y \_\_\_ N If Y, please explain \_\_\_\_\_  
 \_\_\_\_\_

Are you aware of any infestations within the home of the consumer? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Is the residence currently being treated for any type of infestation? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 When was the residence last treated: \_\_\_\_\_  
 Treated for : \_\_\_\_\_

**SKILLS ASSESSMENT**

On a scale of 1 to 10 (1-No experience, 10-Expert)  
 Rate your skill level for each task below

Skill	Rate 1-10	Skill	Rate 1-10
Bathing		Dementia Care	
Personal Care		Stroke Care	
Incontinence		Parkinson's Care	
Universal Precautions		Redirecting	
Hoyer Lift Operation		Laundry	
Transferring		House Cleaning	
Identifying Abuse/Neglect		Cooking	
Identifying Financial Abuse		Grooming	

**APPLICANTS' STATEMENT AND WAIVER**

I attest that I, the applicant, have never abused, neglected, sexually assaulted, exploited or deprived nor subjected any person to injury because of intentional or negligent misconduct.

I understand and agree that any consequential omissions or misrepresentations made by me on this application will be sufficient cause for cancelation of this application and/or termination of employment by A 1 Homecare, Inc. I understand that any offer of employment will be at-will and that A1HC reserves the right to terminate my employment at any time for any reason and that I am free to resign at any time. I understand that this is an application for at-will employment and this status may not be altered.

I give A1HC the right to investigate all information contained herein and to contact all references given to collect all pertinent information regarding previous employment, personal or otherwise. I release A1HC and its representatives from all liability from damage that may result from furnishing such information including criminal background checks, workers compensation investigations, social security number checks and random drug tests that may be requested at any time.

I agree to abide by all rules, regulations, and policies of A1HC, Pennsylvania Department of Health and PA Department of Hyman Services/OLTL and that failure to do so may be cause for termination of employment. I understand that any offer of employment may be conditional subject to satisfactory completion of the following...

- Employee Health Statement
- Successful PPD Screening
- Suitable Criminal Background Check
- Successful completion of the Probationary Period

Signature \_\_\_\_\_ Date \_\_\_\_\_

A1HC is an equal opportunity employer and upholds the principles of equal opportunity employment. It is the policy of A1HC to provide employment, compensation and other benefits related to employment based on qualifications and performance, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, A1HC intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation. This application is intended to allow you, the applicant, to provide A1HC with the information and data so that your suitability and qualifications can be fairly determined for the position(s) for which you are applying.





# A1 HOMECARE

## APPLICANT REFERENCE CHECK

(1)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

### TO BE FILLED OUT BY APPLICANT

Applicant Name

Date of Application

Company Name

Address

Phone

Name

(Individual completing form)

### To be completed by previous employer:

Date of employment:

From

To

Position Held

Responsibilities:

Reason for Leaving:

Rate of Pay: \$

weekly

biweekly

salary

(please circle)

Is eligible for rehire:

Yes

No

If no, explain

Additional comments (training/skills)

Applicant's Signature

Date

I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given



# A1 HOMECARE

## APPLICANT REFERENCE CHECK

(2)

To Whom It May Concern:

The applicant named below has submitted an application for employment with our firm. Please verify employment and rate the performance of this candidate. This information will not be given to the employee.

### TO BE FILLED OUT BY APPLICANT

Applicant Name

Date of Application

Company Name

Address

Phone

Name

(Individual completing form)

### To be completed by previous employer:

Date of employment:

From

To

Position Held

Responsibilities:

Reason for Leaving:

Rate of Pay: \$

weekly

biweekly

salary

(please circle)

Is eligible for rehire:

Yes

No

If no, explain

Additional comments (training/skills)

Applicant's Signature

Date

I hereby authorize the following information to be released. I release you and all persons and organizations from all claims and liabilities of any nature from any information given.



# A1 HOMECARE

## CRIMINAL HISTORY CHECK, EMPLOYEE MISCONDUCT REGISTRY NURSE AIDE REGISTRY NOTIFICATION AND STATEMENT OF EMPLOYABILITY

By execution of this document, I acknowledge that I have been informed by A 1 Homecare, Inc. (A1HC) that a criminal history check and a PA Child Abuse History ChildLine verification regarding whether the applicant is named in the Statewide Central Register as the perpetrator of a founded or indicated report of child abuse as defined in 55 Pa. Code §3490.4 (relating to definitions) will be performed on my name and social security number. I have informed A1HC of all names (for example, maiden name, aliases) that I have used in the past. I understand that any offer of employment is contingent on the results of the criminal history check. I also understand that I shall be screened by A1HC against the Employee Misconduct Registry, the Nurse Aide Registry (if applicable), the *List of Excluded Individuals and Entities (LEIE)*, *Excluded Parties List System (EPLS)* and the PA State Healthcare Exclusion List (Medicheck) to determine whether any acts of abuse, neglect, exploitation or fraud have occurred and whether my name is designated on either registry. I understand that Individuals with convictions for Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997 Criminal Offense and individual or entities currently excluded, suspended, debarred, or otherwise ineligible to participate in federally funded health care programs or in federal procurement or non-procurement programs or those individuals that has been convicted of a criminal offense that falls within the ambit of 42 USC Article 1320a-7 are ineligible for employment with A 1 Homecare, Inc. I further understand if my name is designated on any of the screened registries that A1HC must deny me employment and that if I have been convicted of the following offenses, that I may not be employed by this A1HC.

A list of Prohibitive Offenses Contained in Act 169 of 1996 as Amended by Act 13 of 1997 Criminal Offense can be requested in writing or viewed at

[http://www.portal.state.pa.us/portal/server.pt/community/self\\_study\\_course/18031/unit\\_4\\_background\\_checks\\_figure\\_5\\_-\\_prohibitive\\_offenses/616725](http://www.portal.state.pa.us/portal/server.pt/community/self_study_course/18031/unit_4_background_checks_figure_5_-_prohibitive_offenses/616725)

A person convicted of an offense under Chapter 31, Penal Code (theft), that is punishable by a felony may not be employed in a position the duties of which involve direct contact with a consumer in a facility before the fifth anniversary of the date of the conviction. (This requirement only applies to those employees first employed by the facility or Agency on or after September 1, 2003). A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice of an offense containing elements that are substantially similar to the elements of an offense listed above will also disqualify me from employment with A1HC.

A person convicted of an offense under section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony; An offense under section 30.02, Penal Code (burglary). An offense under section 32.45, Penal Code (misapplication of fiduciary property or property of a financial institution), that is punishable as a Class A misdemeanor or as a felony; or an offense under section 32.45 Penal Code (securing execution of a document by deception), that is punishable as a Class A misdemeanor or a felony.

I understand that all information obtained by A1HC regarding any criminal history will remain confidential. By signing this form, I certify that the information on this form contains no willful misrepresentation and that the information is true and complete to the best of my knowledge. I release A1HC and its representatives from all liability from damage that may result from furnishing such information including criminal background checks, workers compensation investigations, social security number checks and random drug tests that my requested at any time.

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Applicant Signature



# A1 HOMECARE

## HEPATITIS VACCINE STATEMENT

I \_\_\_\_\_ acknowledge that I am at risk of exposure to Hepatitis B as a result of my employment and acknowledge that A1 Homecare, Inc. will be HELD HARMLESS in the event that I am exposed to or contract Hepatitis B as a result of my employment. I understand that using UNIVERSAL PRECAUTIONS is mandatory as part of my employment.

- I will receive the Hepatitis vaccine prior to commencing employment at my own expense.
- I refuse the Hepatitis vaccine and HOLD HARMLESS my employer. I understand that by declining the vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease.
- I can provide written proof of immunity (attach)
- I can provide written proof of previous vaccination (attach)
- I can provide written proof of medical contraindication (attach)

Signature

Date

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# A1 HOMECARE

## EMPLOYEE HEALTH STATEMENT

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_

### TO BE COMPLETED BY THE EMPLOYEE

**I am free of any medical problems which may interfere with my performance of my duties:**

Yes No (please circle)

**I am free of any medical problems which may pose a health hazard for clients under my care:**

Yes No (please circle)

**I am free from communicable disease:** Yes No (please circle)

**Have you received the COVID-19 Vaccine?** Yes No (please circle)

If yes, when? \_\_\_\_\_

If no, are you interested in received the vaccine? Yes No (please circle)

**Are you able to meet the physical and mental demands required to perform specific tasks for the consumer?** Yes No (please circle)

**Is there any reason why you would not be able to perform the job duties?** Yes No (please circle)

**If Yes, please explain below:**

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### Tuberculosis Screening

PPD results attached? Yes No (please circle) Step \_\_\_\_\_ Step 2 \_\_\_\_\_

Quantiferon results attached: Yes No (please circle)

Chest Xray results attached: Yes No (please circle)

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Applicant's Signature

By my above signature I acknowledge that I have reviewed the above questions and that all statements and answers contained herein are full, complete, and true to the best of my knowledge and belief.