



11600 Atlantis Place, Suite F,  
Alpharetta GA. 30022

Phone: 470.395.1180 Fax: 770.476.2107

## EMPLOYMENT APPLICATION FORM

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
Daytime Evening Cell

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

### EMPLOYMENT INFORMATION

**Position desired:** ( ) RN ( ) CNA

**What is your availability:** ( ) Part Time ( ) Full Time

**Do you have reliable transportation?** ( ) Yes ( ) No **Model & Make** \_\_\_\_\_

### FIVE-YEAR WORK HISTORY

Title	Employer	From	To	Duties*

\*You may continue on an additional sheet if necessary.



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**QUALIFICATIONS\LICENSES**

<b>Certification</b>	<b>Expiration Date</b>
<b>TB Screening</b>	<b>Date</b>

Please indicate the date of your last TB screening or chest X-Ray if you tested positive for TB.  
 NOTE: If you don't have a current TB test, you will need to provide one before you can start work. If you have a chest x-ray, you will be required to provide an annual TB Symptom Screen form.

**REFERENCES**

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

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_



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## CRIMINAL BACKGROUND INQUIRY

Have you made any material false statements concerning qualifications requirements to HisGrip Home Care? ( ) Yes ( ) No

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime? ( ) Yes ( ) No If yes, please explain

Details: \_\_\_\_\_

\_\_\_\_\_

Have you ever been shown by credible evidence (e.g. a court of jury, a department investigation or other reliable evidence) to have abused, neglected, sexually assaulted, exploited or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application. ( ) Yes ( ) No If yes, please explain

Details: \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT

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

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

City/State/Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Relationship to you \_\_\_\_\_

“I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you.”

Signature \_\_\_\_\_

Date \_\_\_\_\_



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## DISCLOSURE AND RELEASE

In connection with my application for employment with HisGrip Home Care, I understand that consumer reports which may contain public record information may be requested from background verification companies. I further understand that such reports may contain public record information concerning my driving and criminal from federal, state and other agencies which maintain such records.

**I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY HISGRIP HOME CARE TO FURNISH THE ABOVE-MENTIONED INFORMATION.**

I, \_\_\_\_\_ give consent to the HisGrip Home Care to perform periodic criminal history checks for the duration of my employment with this company.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Maiden / Other Names Used

\_\_\_\_\_  
Drivers License Number and State

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Race

\_\_\_\_\_  
Sex

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



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## **Personal Care Assistant**

### Job Description:

A Personal Care Assistant (PCA) is responsible for assisting clients with the tasks of daily living as outlined in the Care Plan.

### Qualifications:

1. Must have current Certified Nursing Assistant and CPR Certification.
2. Must have a clear TB test and clean criminal background check
3. Must exhibit mature responsible behavior, and understand the need for patient confidentiality.
4. Must be physically able to perform the duties of the position.
5. Must be able to follow direction and accurately report to the RN Supervisor any changes in client's condition.
6. Must have available reliable transportation to and from assignments

### Duties:

The duties of a PCA may include, but are not limited to the following:

1. Recording pertinent information pertaining to the client's care.
2. Reminding clients to take medication at the appropriate time.
3. Assisting with all activities of daily living such as feeding, personal care, bathing, oral hygiene, dressing and grooming.
4. Assisting with ambulation with or without mechanical aids.
5. Maintaining a safe, clean and healthy environment through light housekeeping  
Providing companionship and stimulation for the client including reading, walks.
6. Observing and reporting changes in client's condition to HisGrip Home Care's Supervisor.
7. Accurately preparing daily records and submitting them to the office by date due.
8. Participating in in-service education programs.

### Employee May Not:

1. Administer or pour medication as mandated by law.
2. Cut the nails of any patient.
3. Perform any type of heavy housework such as cleaning stoves with oven cleaners, moving heavy furniture or appliances, etc.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HisGrip Home Care Signature: \_\_\_\_\_