

Generations Home Care, Inc.

2 Penns Way • New Castle, DE 19720 • (302) 322-3100



New Castle County
64 Reads Way
New Castle, DE 19720
(302) 276-1466

Sussex County
205 E. Market Street
Georgetown, DE 19947
(302) 856-7774

Application for Employment

Generations Home Care, Inc. is an organization that promotes diversity. We believe in dignity and respect for all people. We provide equal employment opportunities for all and will not discriminate on the basis of sex, race, color, age, religion, national origin, marital status, disability, or veteran status or any other characteristic protected by applicable law. If you do not understand how to fill out any part of this application, or if you need assistance in doing so, please ask for help.

Please Print Clearly

Date: _____

Name: _____ S.S. #: _____
(First) (Middle) (Last)

Current Address: _____ How Many Years _____
Street Address City State Zip

Prior Address: _____ How Many Years _____
Street Address City State Zip

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Are you under 18 years of age? Yes No

It is agency policy that members of the same family may not work within the same chain of command or where there is a potential for conflict of interest. To avoid work assignments that may violate this policy (if hired); please provide the following information about any of your family member currently working for our agency.

(Full Name) (Title) (Full Name) (Title)

Do you have an automobile that can be used in conjunction with your work? Yes No

Are you legally eligible to work for any employer in the United States? Yes No

Have you previously applied for employment with Generations Home Care, Inc.? Yes No . If "yes", date: _____

Have you ever worked for Generations Home Care, Inc.? Yes No . If "yes", date: _____

Job title: _____

Reason for leaving: _____

Position(s) applied for: _____ Desired Hourly Pay Rate: \$ _____

Will you work: Full-time Part-time Specify days and hours if part-time: _____

If Hired, on what date will you be available to start work? _____

Professional License Number (if applicable): _____ State: _____ Expiration Date: _____

What experiences, skills, and/or qualification(s) do you have that qualify you for the position(s) you applied for?

Have you ever been convicted of a crime? A conviction *may* not automatically bar you from employment. **The nature of the crime, type of crime, and date of conviction** will be considered in determining your eligibility for employment.

Yes No . If "yes", explain: _____

As a professional, have you ever been disciplined by a professional group, organization, licensure board, etc.? Discipline by a professional group will not automatically bar you from employment unless otherwise provided by law. **The nature and date of the discipline** will be considered in determining your eligibility for employment.

Yes No . If "yes", explain: _____

Have you ever been excluded from participation in a federal health care program such as Medicare or Medicaid by way of payment or employment?

Yes No . If "yes", explain: _____

List below all present and past employment, beginning with your most recent. If needed, use an additional sheet to list all previous employment.

I. Agency Name: _____ Type of Business: _____

Address: _____ Phone: _____

From ____ / ____ (month/year) to ____ / ____ (month/year) Reason for leaving: _____

Starting Salary: _____ Last Salary: _____ Name of Supervisor: _____

Describe the work you did: _____

Were you disciplined, suspended or terminated for: Patient Care? Yes No

Other violations of your previous employer's policy? Yes No

2. Agency Name: _____ Type of Business: _____

Address: _____ Phone: _____

From ____ / ____ (month/year) to ____ / ____ (month/year) Reason for leaving: _____

Starting Salary: _____ Last Salary: _____ Name of Supervisor: _____

Describe the work you did: _____

Were you disciplined, suspended or terminated for: Patient Care? Yes No

Other violations of your previous employer's policy? Yes No

3. Agency Name: _____ Type of Business: _____

Address: _____ Phone: _____

From ____ / ____ (month/year) to ____ / ____ (month/year) Reason for leaving: _____

Starting Salary: _____ Last Salary: _____ Name of Supervisor: _____

Describe the work you did: _____

Were you disciplined, suspended or terminated for: Patient Care? Yes No

Other violations of your previous employer's policy? Yes No

4. Agency Name: _____ Type of Business: _____

Address: _____ Phone: _____

From ____ / ____ (month/year) to ____ / ____ (month/year) Reason for leaving: _____

Starting Salary: _____ Last Salary: _____ Name of Supervisor: _____

Describe the work you did: _____

Were you disciplined, suspended or terminated for: Patient Care? Yes No

Other violations of your previous employer's policy? Yes No

May we contact your previous employers? Yes No . If no, indicate which previous employer(s) you do not want us to contact and why: _____

Record of Education

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE	LIST DIPLOMA OR DEGREE
Elementary			5 6 7 8	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (Technical/Trade)			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional/Personal References

List three (at least two **not** related to you).

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone Number: _____

Name: _____ Relationship: _____

Occupation: _____ Years Known: _____

Address: _____ Phone Number: _____

IMPORTANT: READ CAREFULLY

I hereby certify that the information provided in this application (and accompanying resume, if any) is true and complete. I understand that any false, incomplete or misleading information given by me on this form, regardless of when it is discovered, may disqualify me from further consideration for employment; and may be justification for termination of my employment, if discovered at a later date.

I hereby authorize Generations Home Care, Inc., or its affiliates to investigate all statements contained in this application and in so doing to contact and obtain information from all references, employers, educational institutions, law enforcement agencies and any other organizations referenced in this application. I also release Generations Home Care, Inc. from any liability arising there from and release former employers and references from any liability in furnishing information pertaining to my background and work experience.

I agree to immediately notify Generations Home Care, Inc. if I should be arrested or convicted of any criminal offense while my job application is pending, or during my period of employment, if hired.

I hereby agree that I have no specific rights of privacy in any property brought onto the work premises of Generations Home Care, Inc., and consent to the search of any and all personal property and items brought onto Generations Home Care, Inc. work premises. Generations Home Care, Inc. work premises include any location (including patient residence) that I may be assigned to work by Generations Home Care, Inc.

I recognize that any offer of employment is conditioned on the satisfactory completion of all relevant aspects of my background check and a health screening that includes a drug test, and I hereby consent to said background check, health screening and drug test.

I understand that, if employed, Generations Home Care, Inc. or I may terminate the employment relationship at any time, with or without cause, with or without notice; and that, if employed, employment does not constitute a contract of employment between Generations Home Care, Inc. and myself.

I understand that no representative of Generations Home Care, Inc., other than its Executive Director, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, and that any such agreement must be in writing.

Applicant Printed Name

Applicant Signature

Date

This application will be considered current for sixty (60) days from this date. After that time, the application must be renewed to be considered.

Generations Home Care, Inc. is an Equal Opportunity Employer, dedicated to a policy of nondiscrimination in all employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status or disability.

Employment Reference Authorization Release Form

Applicant Name: _____
Employer Name: _____
Social Security #: _____ Employment Dates: _____ To _____

The above named applicant is being considered for employment with Generations Home Care, Inc. and as listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. The information provided will be treated in confidence. Please fax to _____.
You may also call _____ at _____ for further information.
Thanking you in advance for your assistance.

Applicant's Authorization

I consent to and authorize the above named former employer, and its agents and employee, to furnish any reference information concerning me, including achievement, wage, history, performance, attendance, personal history, disciplinary information and reason for separation of employment, relating to my employment with the former employer. It is expressly understood that any information given is to be used for the purpose of determining my acceptability for employment. I hereby also release above named former employer from any liability that may arise or result from any reference information provided pursuant to this authorization or any attempts to comply with this information.

Applicant's Signature: _____ Date: _____

Record of Employment

Position Held: _____ Dates employed: _____ To _____

Summary of essential duties: _____

Reason for leaving: _____

Last Salary: _____ Eligible for rehire? ___Yes ___No

Please rate the following:	Excellent	Good	Fair	Poor
Job Knowledge	____	____	____	____
Accuracy	____	____	____	____
Productivity	____	____	____	____
Dependability	____	____	____	____
Attendance	____	____	____	____
Overall Performance	____	____	____	____

Was employee ever disciplined? ___Yes ___No. If yes, please explain _____

Any additional comment(s): _____

Printed Name Signature Title Date

Employment Reference Authorization Release Form

Applicant Name: _____
 Employer Name: _____
 Social Security #: _____ Employment Dates: _____ To _____

The above named applicant is being considered for employment with Generations Home Care, Inc. and as listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. The information provided will be treated in confidence. Please fax to _____.
 You may also call _____ at _____ for further information.
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Applicant's Signature: _____ Date: _____

Record of Employment

Position Held: _____ Dates employed: _____ To _____

Summary of essential duties: _____

Reason for leaving: _____

Last Salary: _____ Eligible for rehire? Yes No

Please rate the following:	Excellent	Good	Fair	Poor
Job Knowledge	_____	_____	_____	_____
Accuracy	_____	_____	_____	_____
Productivity	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Overall Performance	_____	_____	_____	_____

Was employee ever disciplined? Yes No. If yes, please explain _____

Any additional comment(s): _____

Printed Name _____ Signature _____ Title _____ Date _____

Employment Reference Authorization Release Form

Applicant Name: _____
Employer Name: _____
Social Security #: _____ Employment Dates: _____ To _____

The above named applicant is being considered for employment with Generations Home Care, Inc. and as listed your organization as a former employer. We would appreciate your verification and completion of this form at your earliest convenience. The information provided will be treated in confidence. Please fax to _____. You may also call _____ at _____ for further information. Thanking you in advance for your assistance.

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Applicant's Signature: _____ Date: _____

Record of Employment

Position Held: _____ Dates employed: _____ To _____

Summary of essential duties: _____

Reason for leaving: _____

Last Salary: _____ Eligible for rehire? ___Yes ___No

Please rate the following:

	Excellent	Good	Fair	Poor
Job Knowledge	____	____	____	____
Accuracy	____	____	____	____
Productivity	____	____	____	____
Dependability	____	____	____	____
Attendance	____	____	____	____
Overall Performance	____	____	____	____

Was employee ever disciplined? ___Yes ___No. If yes, please explain _____

Any additional comment(s): _____

Printed Name Signature Title Date