



2121-H Killarney Way
Tallahassee, FL 32309
850-386-5552
850-386-5505 (fax)

EMPLOYMENT APPLICATION

Hopewell In-Home Senior Care (“Hopewell”) is licensed by the Agency for Health Care Administration as a home health agency in Florida. Hopewell employs qualified home health aides (“HHA”s), Certified Nursing Assistants (“CNA”s), homemakers, and companions to provide personal care and homemaker and companion services to Hopewell patients in the patient’s place of residence and to facilities in need of private duty or supplemental staff. Caregivers who are interested in employment with Hopewell must fill out the attached application and return it, along with the required information listed below, to the Hopewell office.

Background Screening. Every applicant is required to have a Level 2 background screening by the Florida Department of Law Enforcement and the Federal Bureau of Investigation. The Florida Agency for Health Care Administration (“AHCA”) will determine eligibility of applicants to work as caregivers. Hopewell will access the AHCA Background Screening Clearinghouse secure website to confirm eligibility of applicants, which usually takes 7 - 10 business days for results to be posted. If Hopewell finds that an applicant is eligible based on current level 2 background screening results posted on the AHCA Background Screening Clearinghouse secure website, the applicant will not be required to submit to rescreening to be considered for hire. Hopewell may impose more stringent standards for eligibility than AHCA.

Orientation. Hopewell will review applications, select qualified applicants, and schedule a time for orientation to Hopewell policies and procedures. The Hopewell Personnel Coordinator and a Hopewell registered nurse conduct orientation, review the Patient Care Employee Handbook and policies and procedures contained therein, answer questions, assist in the completion of documents, administer written and skills competency tests, show training videos, and take photographs for employee name badges. **Masks are required to be worn at all times during orientation and while working with clients.**

Summary of Required Information

All applicants:

- Completed Application.
- \$80.25 (Cash, credit card, or money order made payable to Hopewell.) for Level 2 background screening.
- Driver license. If the applicant does not have a driver license, other photographic identification is required.
- Social Security Card.
- Proof of current automobile insurance.
- Current CPR certification. If the certification class is taken online, the skills portion must be conducted in person. (Hopewell conducts weekly CPR classes. Registration is required. \$40.00 cash, credit card, or money order made payable to Hopewell.)
- **CNAs:** Florida active Certified Nursing Assistant certification.
- **HHAs:** Proof of successful completion of an approved HHA training course with at least 40 hours of training; or proof of current CNA certification from another state; or proof of graduation from an accredited school of nursing; or proof of RN or LPN licensure in another state or in Florida.

Date of Application: ____/____/____

Name: _____ Date of Birth: ____/____/____

Address: _____ Circle One: Male / Female

City: _____ SS #: _____

State: _____ Zip: _____ Driver License #: _____

Phone: Home _____ Cell _____ Other _____

E-mail: _____

Next of Kin/Emergency Contacts (Name, Relationship, Address, and Telephone Number):

Position Desired (Circle One): CNA HHA Homemaker/Companion

Referred By: _____ Have you applied with Hopewell before? ____ When? _____

EDUCATION

(Highest Level Achieved): 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4

HIGH SCHOOL

Name of School: _____

City: _____ State _____ Received Diploma? _____

Your name, if different while attending school: _____

TECHNICAL SCHOOL, PROFESSIONAL SCHOOL, COLLEGE, OR UNIVERSITY

Name of School: _____

City: _____ State _____ From: _____ To: _____

Degree Earned _____ Your name, if different then: _____

Name of School: _____

City: _____ State _____ From: _____ To: _____

Degree Earned _____ Your name, if different then: _____

LICENSURE OR CERTIFICATION (RN, LPN, CNA)

Type: _____ Number: _____ Date Received: _____

Type: _____ Number: _____ Date Received: _____

WORK EXPERIENCE

Employer: _____

Address: _____

Phone No.: _____ From: _____ To: _____ Supervisor Name: _____

Description of Duties: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone No.: _____ From: _____ To: _____ Supervisor Name: _____

Description of Duties: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Phone No.: _____ From: _____ To: _____ Supervisor Name: _____

Description of Duties: _____

Reason for Leaving: _____

BACKGROUND INFORMATION

Have you ever been arrested? Yes _____ No _____ If yes, provide details (charges, city, county, state, date):

Have you ever been a party in a lawsuit? Yes _____ No _____ If yes, provide details: _____

CONSENT & CERTIFICATION

I understand that any omissions, falsifications, or misrepresentations may disqualify me from working as a caregiver at any time. I consent to the release of information about background and employment history to Hopewell by employers, schools, law enforcement agencies, and other individuals and organizations. I certify that to the best of my knowledge and belief, all of the information and statements provided in this application and on any attachments are true, correct, complete, and made in good faith.

Applicant Signature

Date