

COMFORT OF CARE
HOME CARE LLC



LET US PROVIDE YOU WITH HIGH QUALITY CARE

COMFORT OF CARE HOME CARE LLC

PRE-HIRE FORMS

2024

In Person Interview Form

COMFORT OF CARE HOME CARE LLC

Interview conducted by: _____ Date _____

Name: _____ Phone _____

Position applying for: _____ Possible start date: _____

Current training certificate? Y N If yes where from: _____

Ever worked in home care? Y N If yes, where _____

Currently working anywhere? Y N If yes, where _____

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?
 N Y

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 client's home, and he/she refused to let you in?
Brief verbal response: _____

2. What would you do if your client 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 client?
Brief verbal response: _____

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

5. How would you respond if the supervisor gave you a written warning for something they have discovered happened?
Brief verbal response: _____

PRE-HIRE Checks

Employee: _____ Social Security#: _____

LICENSE CHECK: All licensed professionals must produce their current professional license and you must also check their 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.

Professional Licensure checked online: YES.

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

Have you printed the online screen and placed it in personnel file: YES?

(Attach the findings to this form and file in the general personnel folder)

OIG FRAUD CHECK: ONLY IF AGENCY RECEIVES MONIES FROM ANY GOVERNMENT (state or federal) PROGRAMS.

Every employee has an OIG Fraud/Exclusions check at: <http://exclusions.oig.hhs.gov/>

Has this been checked: YES NO

Have you printed the online screen and placed the findings in the personnel file: YES?

(Attach the findings to this form and file in the general personnel file folder)

HHHA TRAINING CHECK:

Certificate of completion on file: YES No

Place copy in the personnel file: YES

Staff Performing the Checks Signature: _____

COMFORT OF CARE HOME CARE LLC
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Employment Application

Availability: check all that you could work
Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
Day hours ___ Evening hours (5-9P) ___ nights (9P-12MN) ___ overnights ___ live-in ___

Date of Application: _____ Date Available for Employment: _____
Position Applying For: _____

Looking For: Per Diem # of Hours: _____ Part Time # of Hours: _____ Full Time # of Hours: _____

Last Name First Name Middle Initial

Mailing Address City State Zip Code

Home Phone Cell Phone Number Email

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

Other _____

HHHA TRAINING COMPLETED: NO YES Date of completion: _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

COMFORT OF CARE HOME CARE LLC

COMFORT OF CARE HOME CARE LLC 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.

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:	_____			
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 for information regarding my character, employment history or work ethics.

 Employee Candidate Signature

 Date

COMFORT OF CARE HOME CARE LLC

Reference Form #1

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with COMFORT OF CARE HOME CARE LLC

Name: _____ Social Security # _____

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 no, 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

COMFORT OF CARE HOME CARE LLC
900 Straits turnpike, Suite 1C, Middlebury CT 06762
(203) 446-5009

** If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.

COMFORT OF CARE HOME CARE LLC

Reference Form #2

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with COMFORT OF CARE HOME CARE LLC

Name: _____ Social Security # _____

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 no, 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.

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W-4 Form



Form I-9, Employment Eligibility Verification