



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

EMPLOYMENT APPLICATION

Hopewell Home Health Agency, LLC (“Hopewell”) is a home health agency operating in North Florida and licensed by the State of Florida to provide care for its patients in their home or other place of residence. Hopewell employs Certified Nursing Assistants (“CNA”s), Home Health Aides (“HHA”s), homemakers, companions, and sitters. Caregivers who are interested must fill out an application and return it with all necessary documents to our office.

Background Screening. Every caregiver 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. If additional information is requested by AHCA, the applicant must supply the information within 30 days or automatically be disqualified. A caregiver may not provide care until a final screening determination of “Eligible” has been made or the individual is “Not Eligible” but has been granted an exemption from disqualification from AHCA or the Department of Health. It is the applicant’s responsibility to request exemption from disqualification. Each caregiver must attest that he or she meets the background screening requirements and agree to inform Hopewell immediately if arrested for any disqualifying offense. An Affidavit of Compliance with Background Screening will be kept in the caregiver’s file. Note: Hopewell may impose more stringent standards for eligibility than AHCA.

Orientation. Hopewell will review applications and select qualified applicants. Selected applicants will be contacted to schedule a time for orientation and instructed to pick up an Employee Handbook to be read before orientation. At orientation, Hopewell administrative employees will review policies and procedures, answer questions, assist in the completion of documents, and take photographs for use in the preparation of name badges.

Summary of Required Information

All applicants:

- Completed Application
 - \$74.50 (cash or money order) for Level 2 background screening
 - Driver license
 - Social Security Card
 - Proof of current automobile insurance
 - Current CPR certification (in-person skills test required if class was taken online)
 - **CNAs:** Florida Certified Nursing Assistant license
 - **HHAs:** Proof of successful completion of approved home health training course with at least 40 hours of training or successful completion of a competency exam
 - Proof of training on:
 - Alzheimer’s disease (2-hour course required)
 - HIV/AIDS (requirement may be met during orientation)
 - Assistance with Self-Administration of Medication (CNAs and HHAs only; 2-hour course required)
- Note: Hopewell will provide training if applicant has not previously received

Date of Application: ____/____/____

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

Address: _____ Circle One: Male / Female

City: _____ SS #: _____

State: _____ Zip: _____ Driver License #: _____

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

Referred By: _____

Next of Kin (or Guardian) Name, Address, and Telephone Number: _____

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

Are you currently employed? _____ May we contact your present employer? _____

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: _____

Address: _____

From: _____ To: _____ Received Diploma? _____

Your name, if different while attending school: _____

COLLEGE OR PROFESSIONAL SCHOOL

Name of School: _____

Address: _____

From: _____ To: _____ Degree Earned _____

Your name, if different while attending school: _____

LICENSURE, REGISTRATION, CERTIFICATION (Example: LPN, CNA, HHA)

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 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