



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, 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. Hopewell administrative staff and a Hopewell registered nurse conduct orientation, review the 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.

### **Summary of Required Information**

#### **All applicants:**

- Completed Application.
- \$71.75 (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