

1. Print out job application
2. Fill out completely and return to Attentive Home Care by mail or fax. OR
3. Email to:
Lauretta.Obrien@attentivehc.com



Attentive Home Care, Inc.
354 Front St., Suite 3
Marion, Ma 02738
508-748-1820 (fax) 508-748-1823

Affirmative Action Statement

Attentive Home Care, Inc is an equal opportunity employer. Federal and State Laws prohibit discrimination in employment practices based on race, ethnicity, color, religion, age handicap, disability, national origin, Veterans Status, sexual orientation or genetic information. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment.

Date: _____

of hours per week you seek to work? _____

Name: _____
Last First Middle

Position(s) Applied For: _____

When can you start work: _____

Address: _____
Street City State Zip Code

Email Address: _____

How did you learn about us? _____

Social Security# _____ / _____ / _____

Telephone #: _____ Cell Phone#: _____

Emergency Contact: Name & Relationship: _____ / _____

• Emergency Phone #: _____

Do you have a reliable vehicle? _____ Model & Year _____

What languages other than English do you speak? _____

Do you have a Home HEALTH AIDE CERTIFICATE? YES ___ NO ___ Year Acquired _____

If a C.N.A: Certificate # /State issued by/ Expiration Date: _____

If a NURSE: License # /State issued by/Expiration Date: _____

Have you been convicted of a felony within the last 7 years? _____ If yes, please explain: _____

Are you addicted or dependent upon alcohol, narcotics, and stimulants, hallucinogenic or other drugs? YES _____ NO _____

Are you currently taking any medication that would interfere with your work ability? YES _____ NO _____
If yes, please describe: _____

Are you over the age of 18? YES _____ NO _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in the United States?
YES _____ NO _____

Are you allergic to any animals? Please identify. _____

Would you be able to work in a home where they are present? YES _____ NO _____

IMPORTANT NOTICE TO APPLICANTS

This agency is a **part-time employer** and cannot guarantee any number of hours in any given week. The employee is responsible for his/her own transportation. The agency cannot guarantee work close to home or within walking distance or on a bus line, although the agency will consider transportation needs of the employee.

1. EMPLOYMENT / VOLUNTEER HISTORY

Please list jobs you have held. Also list any work performed on a volunteer basis that is relevant to this job application. Start with the most recent and work backwards.

Employer		<u>Dates</u> From:	<u>Employed</u> To:	Work Performed
Complete Address				
Telephone Number				
Job Title				
Reason for Leaving				
Name of Supervisor				

Employer		<u>Dates</u> From:	<u>Employed</u> To:	Work Performed
Complete Address				
Telephone Number				
Job Title				
Reason for Leaving				
Name of Supervisor				

Pre-Employment Screening Notice To All Applicants

1. We reserve the right to require a urine sample for **Drug Screening** purposes. Drug screens may also be done randomly during employment.
2. This Agency shall also check all applicants against the **US Office of Inspector General's (OIG) List of Excluded Individuals/Entities** to screen out persons who are "Medicare Disqualified."

1. EMPLOYMENT / VOLUNTEER HISTORY, continued

Employer	<u>Dates</u> From:	<u>Employed</u> To:	Work Performed
Complete Address			
Telephone Number			
Job Title			
Reason for Leaving			
Name of Supervisor			

May we contact your CURRENT employer? YES ___ NO ___

Applicant Signature: _____ Date: _____

2. EDUCATION & TRAINING

Name of School	<u>Location:</u> City State	Main Course of Study	Did you Graduate? What Year?	Diploma or Certificate Received
List any additional education or training with dates:				

3. PROFESSIONAL / PERSONAL REFERENCES

Please give the names of three people who are not relatives and are not previous employers, indicate how they know you (relationship), their occupations, addresses and telephone numbers: (Examples are: Pastor, co-worker, teacher, neighbor, classmate, etc.) It is assumed that your work supervisors are already identified in *Part 1* and will provide the necessary employment verifications and references.

I authorize the individuals listed below to release any information regarding my previous employment, character, general reputation and personal characteristics. YES ___ NO ___

Applicant Signature _____ Date _____

Full Name, their relationship to you, and their occupation	Address: Street, City, State, and Zip code	Telephone Number

I certify that the statements I have made in this application are true and hereby grant Attentive Home Care, Inc. permission to verify the accuracy and true completeness of the information and to investigate all references. I understand that any false or misleading statements made by me on this application will be sufficient cause for rejection of this application or immediate dismissal if such false or misleading information is discovered after my employment. If I am hired, I commit to abide by the rules and regulations, policies and procedures, of Attentive Home Care, Inc.

Applicant Signature _____ Date _____

4. AVAILABILITY FOR WORK

This section is very important and should be accurate and truthful. It will be the bases for assigning work to you.

- Please write in the HOURS of the day you are available to work. Give SPECIFIC TIMES (exp. 8:00AM – 3:00PM.)
- DO NOT WRITE "ANY."

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
Overnights: From PM To AM							

Please circle the towns you know you will be available to work in.

- | | | |
|---------------------|--------------|-------------|
| Rehoboth | Swansea | Somerset |
| Abington | Freetown | Rockland |
| Bourne | Halifax | New Bedford |
| Brockton | Hanover | Onset |
| Bridgewater | Hanson | Pembroke |
| Buzzards Bay | Kingston | Plymouth |
| Carver | Lakeville | Rochester |
| Dartmouth | Marion | Taunton |
| Duxbury | Marshfield | Wareham |
| Fairhaven | Mattapoisett | Westport |
| Fall River | Middleboro | Raynham |
| Dighton | Manomet | Plympton |
| *Bourne (Cape Side) | * Mashpee | * Pocasset |

If the Agency is looking for TEMPORARY Fill-in help in areas I did not circle, I will accept Fill-in work in these locations:

_____, _____, _____, _____

I understand that my availability information entered above will become a *“Condition of Employment”* if I am hired and may not be reduced for at least 90 days as it is critical to Attentive’s staff planning and continuity of Client services.

_____ Applicant Signature _____ Date



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Chapter 6, §172C CORI Request Form

Attentive Home Care, Inc. is requesting all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6 § 172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICATION/EMPLOYEE INFORMATION

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (if applicable) PLACE OF BIRTH

DATE OF BIRTH SOCIAL SECURITY NUMBER *ID Theft Index PIN
(Requested but not required) (if applicable)

MOTHER'S MAIDEN NAME

CURRENT AND FORMER ADDRESSES: _____

SEX: _____ HEIGHT: ___ ft. ___ in. WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____
(Include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION:

REQUESTED BY: _____
(SIGNATURE OF CORI AUTHORIZED EMPLOYEE)

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy to the CORI request process.
All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.



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Affirmative Action Voluntary Information Sheet

COMPLETION OF INFORMATION BELOW IS VOLUNTARY. Form is to be completed by applicant on a voluntary basis and is not interview purposes. Form will be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligation which may apply, we invite you to complete this application data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Name _____
<div style="display: flex; justify-content: space-between;"> LAST FIRST MIDDLE </div>

Position(s) applied for _____ **Date of Application** ____/____/____

REFERRAL SOURCE

- | | | |
|--|---|--|
| <input type="checkbox"/> Walk-In | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement-Source: _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you (if applicable) _____

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|---|---|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races) |



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Reference Authorization Waiver and Hold Harmless Agreement

I authorize Attentive Home Care, Inc. to obtain information regarding My previous employment, character, general reputation and personal characteristics and release Attentive Home Care, Inc., individuals providing said personal and professional references, and my previous employers from all claims and liabilities due to the release of such information.

<hr/> Print Name
<hr/> Applicant Signature
<hr/> Date