



Home Sweet Home Care Services Agency Interview Sheet

Name: _____ Date: _____ Phone #: _____

If you are applying for HHA, CNA, CMA, LPN, RN position and you are registered in Kansas, Please continue with this form. If not, please see front desk at this time.

How did you hear about Home Sweet Home Care Services Agency?

- Our Website
- Google
- Face book
- LinkedIn
- HSH Employee
- Other _____

Are you a HHA, CNA, CMA, LPN, RN? Circle one

Are you certified in the following? First Aid _____ CPR _____

Do you have your own, reliable transportation? Yes _____ No _____

Is there anything that would prevent you from being **ON TIME** to work **100%** of the time? Yes _____ No _____? If 'yes' please explain here _____

When are you available to work?

What is your availability?

Are you available to be **On-Call** one weekend per month? Yes _____ No _____

Tell me about your care giving experience:

How many years of care giving experience do you have? _____

Do you have experience in the following? (Please check mark if so)

Alzheimer/Dementia_____ Hoyer Lifts_____ Hospice Care_____

Why are you or why do you want to be a care giver? Why did you choose this profession?

What do you like the most about being a caregiver? What do you like the least?

Describe the qualities of a good care giver.

How would you react if a client refused care and told you to leave?

Describe a situation where you were unhappy with something that occurred at work. How did you handle it?

Why did you leave or lose your last job?

What are/were your hourly earnings? _____

What will your previous employer tell me about you?

If you witnessed a co-worker making a serious error, what would you do?

What are your hobbies? _____

What are some of your future goals?

What can you offer to Home Sweet Home Care Services Agency to benefit our clients?

What else would you like our clients and families to know about you?

PLEASE READ CAREFULLY AND INITIAL.

Initial: _____ I acknowledge that I am applying for a position with Home Sweet Home Care Services Agency, LLC. The Company is independently owned and operated.

Initial: _____ I agree that if I am hired by the Company, my employment with the Company is at-will. Employment at-will may be terminated with or without cause and with or without notice at any time by me or the Company. Nothing in this application, the Company's Employee Handbook or in any document or written or statement and nothing implied from any course of conduct shall limit the Company's or my right to terminate employment at-will. No manager, supervisor or employee of the Company has any authority to enter into an agreement for employment for any specific period of time or to make any agreement for employment other than at-will. Only the general manager of the Company has the authority to make such agreement and then only in writing and signed by the General Manager and me or my authorized representative. I further understand and agree that, except for my at-will employment status, if hired, my wages, hours, working conditions, job assignment(s) and compensation rate(s) will be subject to change by Home Sweet Home Care Services Agency, LLC.

Initial: _____ I certify that the information contained in this application and any resume I provided or that I furnish during the application process is true, accurate, complete and correct to the best of my knowledge. I authorize the investigation of all the information I provided in this application and my resume, unless I have indicated otherwise. I understand that any material misrepresentation, falsification or omission of information by me may result in the Company refusing to hire me, or if I am hired, to discipline or terminate my employment, regardless of the timing or circumstances of discovery of the false answer(s) or omission(s).

Initial: _____ I acknowledge that due to the nature of the Company's business, attendance and punctuality are essential requirements of every job and that poor attendance or tardiness may result in disciplinary action or termination in accordance with applicable law.

Initial: _____ I authorize the references, prior employments, and/or sources that I have listed to provide to the Company any information concerning my prior experience, including but not limited to information about my work performance, qualifications, character, demeanor or behavior without giving me prior notice.

Initial: _____ during my employment with the Company I will treat all confidential information of the Company and its clients as strictly confidential, proprietary and belonging to the Company. I shall not use, misappropriate, disclose, communicate, reveal or convey (Whether directly or indirectly, orally, in writing or otherwise, voluntarily or involuntarily) any confidential information to any person or entity, including for my own use or third party, except for the advancement of the Company's interests in the course of performing my employment obligations. Confidential information shall be protected for so long as such information remains confidential, except for trade secrets which shall be protected in perpetuity. My obligation to protect confidential information shall survive the termination of my employment from the Company even if such termination constitutes a wrongful termination of my employment. The Company shall be entitled to equitable and legal relief, including an injunction of damages, in the event I breach these confidentiality provisions. I understand that as a condition of my employment I may be required to sign a separate Confidentiality and Non-Disclosure Agreement. Nothing in this policy is intended to prevent my right to discuss wages, hours and working conditions with coworkers, or in any way to limit my right to engage in protected concerted activity protected by law.

Initial: _____ I understand that if hired the Company does not guarantee a referral or placement with a client.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from the Company and prior to starting work. I agree that any offer of employment is contingent upon receiving a negative test result.

Initial: _____ **I understand that this application will be active for ninety (90) days from the date it was made after which I must reapply for further consideration for employment.**

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between the Company and me concerning the topics addressed herein, and supersedes any prior inconsistent understanding between the Company and me on such issues.

Applicant Name (Print) _____

Applicant Signature: _____

Date: _____