**FiveStar Healthcare, LLC**

**245 Country Club Drive, Suite 300 F**

**Stockbridge, GA. 30281**

**Phone (770) 507-0202**

**Fax (770) 507-5077**

**www.fivestarhealthcareinc.com**

FiveStar Healthcare, LLC is seeking compassionate Certified Nursing Assistants (CNA or nurse aides, orderlies, patient care technicians, home health aides) to work within our clients’ homes providing support with daily living tasks, and personal care under the supervision of a Registered Nurse. Our qualified Certified Nursing Assistants (CNA) work closely with patients and are responsible for basic care services such as bathing, grooming, and feeding. FiveStar Healthcare, Inc. CNA’s ensure our patients receive essential social and emotional support and provide vital information on patient conditions to nurses.

**CNA Qualifications:**

* Current, unencumbered state certification to practice as a Certified Nursing Assistant (CNA)
* Minimum one (1) year of CNA experience required, based on state requirements, with home health experience preferred
* Current CPR certification, based on state requirements
* Copy of updated Physical, based on state requirements
* Copy of updated TB results/ Chest x-ray if positive
* Reliable transportation
* Color copy of your Driver’s License
* Copy of your Social Security Card

**NOTE: In order for your application to be accessed, ALL of these items must be sent back along with this application.**

**FiveStar Healthcare, LLC APPLICATION FOR EMPLOYMENT**

245 Country Club Drive, Suite 300 F **Please Read Carefully-Write Clearly – Answer all Questions**

Stockbridge, Georgia, 30281 Federal and State laws prohibits discrimination in employment because of race,

FAX: 770-507-5077 *color, creed, age, sex, marital status, national origin, physical or mental impairment or medical condition.*

**PERSONAL INFOMATION**

**Last Name: First Name: Middle Name: Application Date:**

**Current Address (**Number and Street) **Home Phone: Cell Phone:**

**City: State: Zip Code:**

**DOB: Social Security Number: EMAIL**

**Emergency Contact Name: Address: Phone Number:**

**EMPLOYMENT INFORMATION**

**Position Applying for (First Choice): Direct Support Service, CNA, LPN, or RN Second Choice:**

**Have you ever worked for us before? YES [ ] NO [ ] If YES, state date left:**

**Have you ever worked for us under a different name? YES [ ] NO [ ] If YES, state name:**

**Will you accept part-time work? Will you accept temporary work? Shift and/or hours desired?**

 **YES [ ] NO [ ] YES [ ] NO [ ]**

**Have you ever served in the U.S. Military? Please list job related skills or experience:**

 **YES [ ] NO [ ]**

**Can you safely perform the essential functions of the position in which you are applying? If NO, explain:**

**Are you a United States citizen or a legal alien with rights to work on the job in which you are applying?**

**YES [ ] NO [ ]**

**Have you, since the age of 18, ever been convicted of a felony? If YES, please give date(s).**

NOTE: A conviction will not necessarily bar from employment.

**Have you ever been involuntarily discharged from the job? If YES, please give date(s).**

**EDUCATION**

**Names: Address: Academic Major: Number of Years: Diploma:**

**Elementary:**

**High School:**

**College or University:**

**Technical or Vocational:**

|  |  |
| --- | --- |
| Other details of experience or training including information on adult education programs which have a direct bearing on the desired job. | **SCHOOL COURSE DIPLOMA/CERTIFICATE DATE** |

**REFERENCES**

Give name(s) of person(s) we may contact to verify your qualifications for the position:

Name: Occupation Phone: Organization Address:

Name: Occupation Phone: Organization Address:

**EXPERIENCE**

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|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FROM****Mo./Yr.** | **TO****Mo./Yr.** | **Employer/Address/Phone Number** | **Position** | **Supervisor** | **Reason for** **Leaving** | **DO NOT****WRITE**(Office Only) |
|  |  | Name:Address:Phone: |  |  |  |  |
|  |  | Name:Address:Phone: |  |  |  |  |

 **May we contact your present employer for a reference? YES [ ] NO [ ]**

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| --- |
| **LICENSES, REGISTRATIONS, CERTIFICATIONS** |
| **TYPE** | **STATE ISSUED** | **DATE** | **NUMBER** | **VERIFIED** |
| **TYPE** | **STATE ISSUED** | **DATE** | **NUMBER** | **VERIFIED** |

**Please list any area of specialized or major interest:**

**INDEPENDENT CONTRACTOR AGREEMENT FOR LICENSED CONTRACTORS ONLY AS OF 07-01-2015**

**I understand that if hired, I will be an employee with benefits that include: Medicare, and SSI, and employer contributions, unemployment insurance and workers compensation. Deductions will be taken from employees checks at every pay period; these will include all Federal, State, and local**

**taxes where applicable.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AFFIDAVIT # 1: I hereby certify that the answer given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that my employer shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in the questionnaire. I authorize employers, companies, schools, or persons, named above to give any information regarding my employment, together with any information they might have regarding me whether or not it is in their records. I hereby release said employers, schools, companies or persons from all liability for any damage, both legal and otherwise, for issuing this information. In addition, if accepted for employment, I hereby agree to abide by rules and the policy of my employer. Further, I understand that any employment is not for a stated period of time and may be terminated with or without cause, at anytime, at the option of either myself or my employer. In addition, should my employer be or become subject to the conditions of the Drug-Free Workplace Act of 1988, I agree to abide by such established policies as relates thereto.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AFFIDAVIT # 2: I have never shown by credible evidence ( e.g. a court or jury, a department investigation, or other reliable source) to have abused, neglected, sexually assaulted, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidence by an oral or written statement to this effect obtained at the time of this application.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE**

CPR: YES [ ] NO [ ] TRANSPORTATION: YES [ ] NO [ ] HIRED: YES [ ] NO [ ]

FIRST AID: YES [ ] NO [ ] IF YES, HIRE DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Interview date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_