

* Please download application and email to careers@stmargarethomecare.com once completed.



480 North Perry St
Suite H
Lawrenceville, GA 30046
Office: 678-629-3151
Fax: 678-629-3170

PERSONAL EMPLOYMENT INFORMATION

Name: _____

Address: _____

Email: _____

Have you been employed under any other name, including maiden name? _____

Are you physically or otherwise able to perform the duties of the job for which you are applying with or without reasonable accommodations? Yes No

USA Citizenship: Yes No

Do you have reliable transportation? _____ Driver's License Number: _____

In case of an emergency, indicate the person we should notify:

Name: _____ Relationship: _____

Is your TB screening current? _____

CLIENT/CAREGIVER MATCHING CRITERIA: Please check all that apply

General

- Dementia Experience
- Hospice Experience
- Incontinence Experience
- Insured Experience
- Live-In shifts OK
- OK with Client Smoking

Pets

- OK with Dogs
- OK with Cats
- _____ MAX Client Weight for transfers

Transfers

- Gait Belt experience
- Hoyer Lift experience

EDUCATION & TRAINING

| High School, Technical School, College or University | City and State | Major | Did you graduate? |
|--|----------------|-------|-------------------|
| | | | |
| | | | |
| | | | |

CERTIFICATIONS & CREDENTIALS:

Please check all that apply and include the expiration date

| Yes? | Type | Expiration Date |
|-------|----------------------------|-----------------|
| _____ | Chest X- Ray | _____ |
| _____ | CNA License | _____ |
| _____ | Driver's License/ State ID | _____ |
| _____ | First Aid Certification | _____ |
| _____ | CPR Certification | _____ |
| _____ | HHA Certification | _____ |
| _____ | Registered Nurse | _____ |
| _____ | Passport | _____ |
| _____ | Tuberculosis Test | _____ |
| _____ | LVN/LPN Certification | _____ |
| _____ | VDT | _____ |
| _____ | PCA | _____ |
| _____ | DMV Report | _____ |

AVAILABILITY Include time frame

| Day | To | From |
|-----------|----|------|
| Sunday | | |
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |

EMPLOYMENT HISTORY

Complete employment history in the past 5 years, including military service and temporary employment. Describe periods of unemployment, including date. List most recent employment first.

From _____ To _____

Employer _____

Complete Address _____

Phone number _____

Position held _____ Salary _____ Immediate Supervisor _____

Describe your duties _____

Reason for leaving _____

From _____ To _____

Employer _____

Complete Address _____

Phone number _____

Position held _____ Salary _____ Immediate Supervisor _____

Describe your duties _____

Reason for leaving _____

From _____ To _____

Employer _____

Complete Address _____

Phone number _____

Position held _____ Salary _____ Immediate Supervisor _____

Describe your duties _____

Reason for leaving _____

Please list names and phone numbers of three references. (*Must not be a relative*)

May we contact your current and former employers? If so, who? _____

APPLICANT'S STATEMENT (Please read carefully before signing)

I understand that if I am hired, there will be probationary period of ninety (90) days from the date that I start work. I understand that even if I complete the probationary period, St. Margaret's Home care has the right to terminate my employment at any time without notice or cause

The information given by me in the application is true and complete. I have not made any material false statements concerning qualifications requirements either to the department or the provider. I agree that If the company determines that any information is false, misleading or incomplete, I will be denied employment. If this is discovered after I am hired, it will be grounds for dismissal. St. Margaret's Home Care has the permission to investigate these matters from any legal action that may result for such investigation and release of information.

The Immigration Reform and Control Act of 1986 requires employers to make certain that all new employees have legal permission to work and have proper identification. If I am hired, my employment may be terminated if I am not able to provide this information to St. Margaret's Home Care.

Signature _____ Date _____

For internal Use Only:

DATE HIRED:

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE OR DISABILITY.