



**Professional Home Care Solutions, Inc.**

**APPLICATION FOR EMPLOYMENT**

An Equal Opportunity Employer

Today's Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

We do not discriminate on the basis of age, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature at the end of application.

Job Applied For \_\_\_\_\_ Are you seeking: Full-time  Part-time  Temporary

When are you available to start? \_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Social Security Number If hired, can you furnish proof you are eligible to work in the US? \_\_\_\_\_

Are you 18 year of age or older? Yes  - No

\_\_\_\_\_  
Present Street Address City State Zip Code

Have you ever been convicted of any law violation?..... Yes  No

If yes, give details:

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(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

Do you have a valid driver's license?..... Yes  No

Driver's License Number \_\_\_\_\_ State of License: \_\_\_\_\_ Class of License \_\_\_\_\_

Have you had your driver's license suspended or revoked in the last 3 years?..... Yes  No

If yes, give details:

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LIST NAME AND ADDRESS OF SCHOOLS	# Years	Degree Rcvd
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High School or GED _____	_____	_____
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College or University _____	_____	_____
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Vocational or Technical _____	_____	_____
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What skills or additional training do you have that are related to the job for which you are applying?

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List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. PLEASE GIVE MONTH AND YEAR.

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL\$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL\$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

NAME OF EMPLOYER	JOB TITLE AND DUTIES	
ADDRESS	DATES OF EMPLOYMENT: FROM TO	
CITY, STATE, ZIP CODE	PAY: START \$ FINAL\$	
SUPERVISOR	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other name?..... Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed? ..... Yes  No  If yes, may we contact your present employer?..... Yes  No

Have you ever been fired from a job or asked to resign? ..... Yes  No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE.

**I understand before employment is offered, I must have the following:**

- 1. Signed & notarized Affidavit of Good Moral Character (If background contains one or more applicable disqualifying acts or offenses and you were granted an APD exemption, a copy of the APD exemption letter must be submitted) \*\*Not applicable to homemaker & companion care services\*\***
- 2. Clear Local Background Check**
- 3. Level II Background Check Screening**
- 4. APD General "line item" with an eligible status in the Agency for Healthcare Administration (AHCA) Care Provider Background Screening \*\*Not applicable to homemaker & companion care services\*\***

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

# EMPLOYEE AVAILABILITY

Please provide the following information on your availability to work for Professional Home Care Solutions, Inc.

1. Type of Transportation you have / will use for home visits: \_\_\_\_\_
2. Do you have any allergies that would affect your work?  No.  Yes.  
If yes, please list here: \_\_\_\_\_
3. Do you have a problem working with a client who smokes?  No.  Yes
4. How many hours are you willing to work per week? \_\_\_\_\_

**Please Check (X) the Day and Time of Week You Are Available**

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

\_\_\_\_\_ Initials

TELEPHONE REFERENCE CHECK FORM - # 1

**EMPLOYMENT INFORMATION: To be completed by Applicant**

Name of Professional Reference to be Contacted \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving this company: \_\_\_\_\_

I authorize the company I worked for and/or the individual listed above to release information about me to Professional Home Care Solutions, Inc.

Applicant Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\*\*\*\*\*FOR OFFICE USE ONLY

**EMPLOYMENT VERIFICATION: To be completed by employer**

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, \_\_\_\_\_ (name), has applied for employment at our company as a \_\_\_\_\_ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? \_\_\_\_\_ What were the dates of his/her employment? \_\_\_\_\_

What was your relationship to him/her? (e.g., supervisor, co-worker, etc.) \_\_\_\_\_

What were his/her strengths as an employee? \_\_\_\_\_

How would you rate his/her overall performance? \_\_\_\_\_

If you had an opening today for the same job, would you hire him/her? Why/why not? \_\_\_\_\_

Was he/she \_\_\_\_\_ dependable? \_\_\_\_\_ work well with other? \_\_\_\_\_ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward \_\_\_\_\_'s success on the job? \_\_\_\_\_

Is there anything else you think would be helpful for us to know about \_\_\_\_\_ in making our hiring decision?

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

TELEPHONE REFERENCE CHECK FORM - # 2

**EMPLOYMENT INFORMATION: To be completed by Applicant**

Name of Professional Reference to be Contacted \_\_\_\_\_ Title \_\_\_\_\_

Company Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving this company: \_\_\_\_\_

I authorize the company I worked for and/or the individual listed above to release information about me to Professional Home Care Solutions, Inc.

Applicant Signature \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

\*\*\*\*\*FOR OFFICE USE ONLY

**EMPLOYMENT VERIFICATION: To be completed by employer**

INTERVIEWER: Introduce yourself, identify our company) "One of your former employees, \_\_\_\_\_ (name), has applied for employment at our company as a \_\_\_\_\_ (job title). Hopefully, you will give me some insight on (him/her) and whether this is a suitable position for (him/her). May I ask you a few questions?"

What was his/her position? \_\_\_\_\_ What were the dates of his/her employment? \_\_\_\_\_

What was your relationship to him/her? (e.g., supervisor, co-worker, etc.) \_\_\_\_\_

What were his/her strengths as an employee? \_\_\_\_\_

How would you rate his/her overall performance? \_\_\_\_\_

If you had an opening today for the same job, would you hire him/her? Why/why not? \_\_\_\_\_

Was he/she \_\_\_\_\_ dependable? \_\_\_\_\_ work well with other? \_\_\_\_\_ exhibit initiative?

If we were to extend an employment offer, what suggestions would you give us to help contribute toward \_\_\_\_\_'s success on the job? \_\_\_\_\_

Is there anything else you think would be helpful for us to know about \_\_\_\_\_ in making our hiring decision?

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

# EMPLOYEE UNIFORM AGREEMENT

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

**My signature below verifies that I have been issued these uniforms and, further, that I understand and agree to the following:**

<b>ITEMS</b>	<b>QUANTITY RCVD</b>	<b>EMPLOYEE INITIALS</b>	<b>SUPERVISOR INITIALS</b>
Black scrub shirt	_____	_____	_____
Grey scrub shirt	_____	_____	_____
Purple scrub shirt	_____	_____	_____
PHCS Name Badge	_____	_____	_____

**I am required to wear a scrub uniform consisting of a dark purple, black or grey shirt (PHCS provides 1 of each) and black pants (employee provides) as a condition of employment with Professional Home Care Solutions, Inc.**

**Uniforms and name badge are to be worn during shift hours or conducting any business on behalf of Professional Home Care Solutions, Inc.**

**Employee's  
Signature** \_\_\_\_\_

**Supervisor's  
Signature** \_\_\_\_\_





Professional Home Care Solutions

## **Professional Home Care Solutions, Inc.**

### **APPLICATION ACKNOWLEDGEMENT**

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I agree that, if hired, I may be discharged if Professional Home Care learns of any falsification or material omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration not only for this position, but future positions, as well. (NOTE: You will not automatically be excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances such as the nature of the crime, how recent was the conviction, the type of work involved, etc.)

I understand and agree that all information concerning patients and their families is strictly confidential. I am not permitted to disclose any financial, medical or personal information related to any patient or family member to fellow employees, company administrative staff or individuals, except my supervisor at Professional Home Care.

I authorize Professional Home Care to investigate my employment history, credentials, license verification and to obtain any relevant information, including a Local and Level II criminal background check needed to make an employment decision. I authorize Professional Home Care to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal, contractual or accreditation audit purposes. I also authorize Professional Home Care to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Professional Home Care and any individual or entity providing information to Professional Home Care from all liability for any damage from the disclosure of this information.

I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random testing, as well as testing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

I understand and agree nothing contained in this employment application or in granting of an interview creates an employment contract between Professional Home Care and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will;" that is, I will have the right to terminate my employment at any time and that Professional Home Care retains the same right to terminate my employment at any time.

I understand that should I become employed by Professional Home Care, my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of Professional Home Care.

I understand that Professional Home Care is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, I may be subjected to a drug test prior being hired

to assure Professional Home Care I do not currently have narcotics, sedatives, stimulants or other controlled substances and/or mood-altering substances in my body. I understand if I have any such substance in my body at the time of the drug test, Professional Home Care will not hire me.

I understand that Professional Home Care reserves the right to add to, change and/or delete their policies, procedures, work rules and benefits at any time and that no one in Matrix has the authority to enter into any agreement for any particular period of time, or contrary to the above terms, unless that agreement is set forth in writing and signed by an authorized representative of Professional Home Care.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Pursuant to Title VII of the Civil Rights Act of 1965 (42 U.S.C., §20000d et seq.) and 45 C.F.F. Part 80, §504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §6101 et seq.), Matrix adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by Matrix. Matrix offers equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status, disability or any other category protected by any applicable local, state, federal law, ordinance or regulation.

**Application Reviewed by** \_\_\_\_\_ **Date** \_\_\_\_\_



*Professional Home Care Solutions*

## **Professional Home Care Solutions, Inc.**

### **JOB DESCRIPTION**

### **HOMEMAKER & COMPANION**

#### **SUMMARY**

The Companion/Homemaker provides companionship to those individuals requiring socialization and/or minimum guidance to assure a protected environment and performs home management services within the client's home.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Provides companionship by reading, conversation, and listening.
- Participates in appropriate recreational activities and hobbies for social and sensory stimulation.
- Assists patient/client in completing necessary phone calls, letter writing, etc.
- Maintains a safe home environment for the client.
- Accompanies patient/client on walks, community trips, doctor's office, bank, etc.
- Reminds client to take self-administered medications.
- Informs staffing coordinator of any changes in assignment.
- Provides emotional support and promotes a sense of well-being.
- May plan light housekeeping tasks such as preparation of a meal or laundering clothes.
- May perform light housework to maintain a clean, neat environment.
- Assists in the maintenance of a safe and healthy environment. Uses equipment and supplies safely and properly.

This job description is not intended to be all-inclusive. The employee will be expected to perform other reasonable related duties as assigned by management.

#### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. One year working in a medical, psychiatric nursing, or childcare setting or working with recipients with developmental disabilities.

#### **EDUCATION AND/OR EXPERIENCE**

College, vocational or technical training + 30 semester hours., 45 quarter hours or 720 classroom hours may substitute for experience. Training in the topics related to human development and interpersonal relationships, nutrition, shopping, food storage, use of equipment and supplies, planning and organizing of household tasks and principals of cleanliness and safety are helpful.

## COMMUNICATION/DOCUMENTATION

- Ability to communicate effectively with patient/client, family members, clinical management, and staff. Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals.
- Ability to write routine reports and correspondence.
- Observes individuals for evidence of injury or bruises and evaluates changes in emotional and physical status.
- Reports and noted problems to the Program Director immediately and completes a written incident report form.
- Maintains client confidentiality.
- Represents Professional Home Care in a professional manner to families, service coordinators, State officials and community partners when required.
- Communicates with Program Director when items related to individuals personal needs and personal space needs to be purchased.

## LANGUAGE SKILLS

Ability to communicate effectively with patient/client, family members, clinical management, and staff. Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence.

## PHYSICAL DEMANDS

The work requires light physical exertion on a regular and recurring basis such as: driving, assisting patient in transfer activities, and light housekeeping. While performing the duties of this job, the employee is regularly required to stand, walk, and reach with hands and arms. The employee frequently is required to stoop, kneel crouch. The employee is occasionally required to sit. The employee must occasionally lift and/or move up to 50 pounds. Specific vision abilities required by this job include close vision, color vision, peripheral vision, depth perception, and ability to adjust focus.

## WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***(Signing this document acknowledges that the job description and responsibilities have been reviewed with me, the employee.)***



*Professional Home Care Solutions*

## **Professional Home Care Solutions, Inc.**

### **JOB DESCRIPTION**

### **PERSONAL SUPPORTS Life Skills Development 1**

#### **SUMMARY**

The Personal Supports Professional is responsible for a variety of duties related to the overall care of individuals with developmental disabilities. This includes direct care of program individuals and implementation of individual plans (IP) and behavior plans (BP). Support Professionals are required to perform all duties in accordance with State of Florida regulations and Professional Home Care's policies and procedures.

ESSENTIAL DUTIES AND RESPONSIBILITIES include the following. Other duties may be assigned.

- Provides transportation to and from activities.
- Assists in the implementation of individual plans for individuals and behavioral plan goals.
- Assists individuals in the pursuit of recreational, social and community activities based on their preferences and individual plans.
- Assists and encourages individuals in the establishment of social networks.
- Promotes participation and involvement in community outings.
- Ensures each individual's rights are protected.
- Treats individuals with dignity and respect.
- Ensures individuals are dressed neatly and appropriately and are groomed at all times.
- Assists and encourages individuals to care for immediate personal needs such as toileting, washing their hand and eating.
- Keeps residence and personal space clean, organized, tidy and encourages upkeep as appropriate according to their individual plans.
- Teaches individuals daily skills such as household chores, laundry, cleaning and washing dishes as appropriate according to their individual plan.

This job description is not intended to be all-inclusive. The employee will be expected to perform other reasonable related duties as assigned by management.

#### **QUALIFICATIONS**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

1. One year working in a medical, psychiatric nursing, or childcare setting or working with recipients with developmental disabilities.

## EDUCATION AND/OR EXPERIENCE

College, vocational or technical training + 30 semester hours., 45 quarter hours or 720 classroom hours may substitute for experience. Training in the topics related to human development and interpersonal relationships, nutrition, shopping, food storage, use of equipment and supplies, planning and organizing of household tasks and principals of cleanliness and safety are helpful.

## COMMUNICATION/DOCUMENTATION

- Ability to communicate effectively with patient/client, family members, clinical management, and staff. Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals.
- Ability to write routine reports and correspondence.
- Observes individuals for evidence of injury or bruises and evaluates changes in emotional and physical status.
- Reports and noted problems to the Program Director immediately and completes a written incident report form.
- Maintains client confidentiality.
- Represents Professional Home Care in a professional manner to families, service coordinators, State officials and community partners when required.
- Communicates with Program Director when items related to individuals personal needs and personal space needs to be purchased.

## LANGUAGE SKILLS

Ability to communicate effectively with patient/client, family members, clinical management, and staff. Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence.

## PHYSICAL DEMANDS

The work requires light physical exertion on a regular and recurring basis such as: driving, assisting patient in transfer activities, and light housekeeping. While performing the duties of this job, the employee is regularly required to stand, walk and reach with hands and arms. The employee must occasionally lift and/or move up to 50 pounds.

## WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

***(Signing this document acknowledges that the job description and responsibilities have been reviewed with me, the employee.)***