



**Comfort
Keepers.**

Employment Application

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, or marital status, or the presence of a non-related medical condition or disability. All questions must be answered and application signed. Any application that does not provide requested information will be automatically rejected.

Position(s) Applied for _____ Date of Application ___/___/___

Referral Source: Advertisement Employee Relative Walk-In
 Government Employment Agency Private Employment Agency
 Internet Other _____

Name: _____ Social Security Number ____ - ____ - ____
Last First Middle

Email Address: _____

Current Address: _____ City: _____ State: _____ Zip: _____
Number Street

How long at this address? _____

Previous Address: _____ City: _____ State: _____ Zip: _____
Number Street

How long at this address? _____

Phone Number: (____) _____ Best time to call you at home: _____

What date are you available for employment? _____ Date: ___/___/___

Type of employment desired: (check all that apply) Full time Part time Temporary Seasonal

Are you able to work overtime if required? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Have you previously applied for a position at Comfort Keepers? Yes No When? _____

Have you previously worked at Comfort Keepers? Yes No When? _____

Are you eligible to work in the United States? Yes No
(Proof of eligibility will be required before you can be employed.)

Are you presently on layoff and/or subject to recall from any other company? Yes No
If yes, please explain: _____

Have you ever been convicted of/or plead guilty to a crime (other than minor traffic violations)? Yes No
If yes, please explain: (give date, location, charge, etc.) _____

(Please note that in order to be hired by Comfort Keepers, you must be Bondable.)

If the job requires, do you have a valid driver's license? Yes No
DL# _____ Type: _____ State of Issue _____

Have you had any moving violations in the past 3 Years? _____
If yes, please describe _____

Do you have any relatives currently employed by Comfort Keepers? Yes No
If yes, please list: _____

If you are under 18, can you furnish a work permit? Yes No

Person to be contacted in case of an emergency: Relationship: _____
Name: _____ Telephone #: (____) _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____
Number Street

Educational Background:

Type of School	Name/City	How Many Years Attended	Graduated	Course or Major
High School		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Post Graduate			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business or Trade			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				

Employment History:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer:	Telephone: ()	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
		From	To	
Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer:	Telephone: ()	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
		From	To	
Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	
Employer:	Telephone: ()	<u>Dates Employed</u> Month & Year		Summarize the nature of the work performed and job responsibilities
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Address:				
Job Title:		Hourly Rate/Salary Starting		
Immediate Supervisor and Title:		\$	Per	
Reason for leaving:		Hourly Rate/Salary Final		
May we contact for reference / verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	Per	

Comments and other skills and qualifications (including explanation of any gaps in employment):

References:

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three school or personal references that are not related to you, whom have knowledge of your work ethic, experience and abilities.

Name	Telephone	Years known	Relationship

I certify that the facts contained in this application and/or interview(s) are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including my dismissal from employment if discovered at a later date.

I understand that, if employed, my employment is not guaranteed for any term, and my employment may be terminated by the employer or myself at any time and for any reason with or without prior notice. No representative of Comfort Keepers other than the owner(s) is authorized to make any assurance or promise of continued employment and any such assurance must be in writing signed by the owner(s).

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Comfort Keepers.

This application will remain on active file for 60 days. If I am hired within this period, this form will be transferred to my individual personnel file. If I am not hired or have not heard from this employer within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Comfort Keepers.

I give the employer and /or its' agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to a drug testing prior and during employment or for post accident occurrences.

The employer, Comfort Keepers, is an Equal Opportunity Employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state, or federal law.



Authorization to Conduct Comprehensive Background Check

I acknowledge that I have been informed that Comfort Keepers generally conducts comprehensive background checks on all applicants because Comfort Keepers provides care and services to potentially vulnerable individuals.

I authorize Comfort Keepers to conduct a comprehensive background check on me, which may include: (1) a criminal background check; (2) reference checks; (3) current professional licensure verifications; (4) motor vehicle report checks; and (5) financial credit checks.

By signing this form, I hereby authorize Comfort Keepers to take all necessary and prudent steps to conduct this background check.

I acknowledge that I have carefully read and fully understand the provisions of this Authorization. I further acknowledge that I was given the opportunity to consult with an attorney or any other individual of my choosing before signing this Authorization and that I have decided to sign this Authorization voluntarily and without coercion or duress by any person.

This Authorization sets forth the entire agreement between Comfort Keepers and me concerning Comfort keeper's obtaining a comprehensive background check on me, and I acknowledge that I have not relied upon any representation or statement, written or oral, not set forth in this document.

Signature

date

Print name

Date of Birth

Social Security Number

Driver's License or State issued Identification Card



**Drug and Alcohol Consent Form for
Comfort Keepers #747**

The signing of this Consent Form, agreement to and cooperation of this policy is required by all persons as a condition of employment.

It is Mountain Care , dba Comfort Keepers #747 (herein referred to as Comfort Keepers®) policy not to continue employment of anyone who tests positive for any illegal substance and/or drugs in their system regardless to the frequency or amount that they may have used. Medications legally prescribed are excluded.

All employees may be required, as permitted by federal and state laws, to undergo a drug test for pre-employment purposes, random testing or for cause which is due to reasonable suspicion of Comfort Keepers. Employees may also be required to undergo alcohol screening when there is a suspicion of on-the-job impairment.

I understand that I may be required to submit a urine sample for chemical analysis and that this analysis will be performed by qualified personnel. I freely consent and volunteer to this request for a specimen of urine. I hereby release Comfort Keepers, CK Franchising, Inc., the medical provider and the laboratory performing the analysis including their employees and/or agents, from any liability whatsoever arising from this request to furnish my urine specimen, the testing of this specimen and the decisions made concerning my employment based upon the results of the analysis. I understand that anyone who refuses to take or who fails to pass a drug-screening test will not be qualified for employment by Comfort Keepers. I have read this policy, understand it and agree to the testing as part of the terms and conditions of my employment.

NAME: _____

SIGNED _____

DATED _____

WITNESSED _____

DATED _____



**Comfort
Keepers®**

a *sodexo* brand

TUBERCULOSIS SCREENING TOOL

Applicant Name: _____

Please complete the following:

Do you have:	Yes	No
1. Unexplained productive cough	_____	_____
2. Unexplained weight loss	_____	_____
3. Unexplained appetite loss	_____	_____
4. Unexplained fever	_____	_____
5. Night sweats	_____	_____
6. Shortness of breath	_____	_____
7. Chest pain	_____	_____
8. Increased fatigue	_____	_____

Have you ever:		
1. Been told that you have TB	_____	_____
2. Lived with anyone with TB	_____	_____
3. Had a positive TB skin test	_____	_____

If you have answered "yes" to any of the above, a letter from your physician will be necessary indicating that you are free from any communicable infections/diseases that would constitute a health threat to others, prior to any client care assignments.

The above health statement is accurate to the best of my knowledge. I will see my physician and/or the health department if my health changes. I will notify the Comfort Keepers® office and my supervisor.

Employee Signature Date



Comfort
Keepers.

License Renewal Agreement

To all Comfort Keepers currently licensed through the State of Maryland as Certified Nursing Assistants and/or Geriatric Nursing Assistants:

Comfort Keepers can have our Care coordinator or staff RN assist in your license renewal if and only if you commit to work, on a PRN Casual basis, with Comfort Keepers for a period of 90 days past the licensing deadline. The cost of the Re-certification process is paid by the care giver.

By signing below, I acknowledge and agree to abide by the written statement above.

Signature

Print Name

Date

HEPATITIS B VACCINE ACCEPTANCE/ DECLINATION STATEMENT

Hepatitis B is a disease that produces a variety of symptoms and outcomes which primarily affect the liver. There is no specific treatment or cure for the disease. The major risk factor for Caregivers is exposure to infected blood. Acute Hepatitis B infection may be noted through symptoms such as jaundice (yellow color) and flu-like symptoms such as abdominal pain and nausea. The disease may be present without symptoms, with mild flu-like symptoms or severe disease. Most people recover, although on rare occasions a person may become severely debilitated or die.

Hepatitis B vaccine is a noninfectious viral vaccine, given by injection in three doses within a six month period. The entire series of three doses provides immunity against Hepatitis B. At the present time a booster has not been recommended. Because there is a long incubation period for Hepatitis B, it is possible that an unrecognized infection is present when the vaccine is given. If this is the case, the vaccine may not prevent Hepatitis B infection. No reports of serious adverse reactions have been attributed to the vaccination. However, some of the more common side effects are: (a) soreness at the injection site, usually subsiding within 48 hours, (b) fever less than 101 degrees, (c) general complaints such as malaise, fatigue, headaches and nausea. These are rare and are usually limited to the first few days following immunization.

The vaccine is not recommended if you are hypersensitive to any component of the vaccine (e.g. alum or mercury derivatives). In addition, the vaccine should not be taken by those with cardiopulmonary conditions, serious infections, pregnant women or those with yeast allergies. Contact your physician for further details regarding Hepatitis B and the vaccine.

CONSENT TO BE VACCINATED

I have read the above information on Hepatitis B and the vaccine. I wish to receive the series of three vaccines. Once completed, I will present documentation to Comfort Keepers verifying that I have been vaccinated.

DECLINATION OF VACCINATION

I have been previously vaccinated against Hepatitis B and therefore do not require the vaccine. I will provide Comfort Keepers with evidence of inoculation.

I understand that due to the potential of occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to myself.

Signature

Date