



New U Home Care LLC

PRE-HIRE FORMS

Pre-Hire Interview

Interview conducted by: _____ Date _____

Name: _____ Phone _____

Position applying for: _____ Possible start date: _____

Current training certificate? ___Y___N If yes where from: _____

Ever worked in home care? ___Y___N If yes, where _____

Currently working anywhere? ___Y___N If yes, where _____

ORGANIZATION POLICY: we cannot hire individuals with convictions listed as unemployable by the state. Would anything be likely to show up on their Criminal History check to prevent us from hiring?

___N___Y

DIRECT CARE STAFF INTERVIEW (PRE-Screening) Question work history, explain structured environment and ask problem solver, open ended questions, (document responses)

1. What would you do if you arrive at a Client's home and he/she refused to let you in?
Brief verbal response: _____
2. What would you do if your Client fell and insists that you do not call for help and insists that they are ok?
Brief verbal response: _____
3. How long do you think it is okay to hold onto paperwork for a Client?
Brief verbal response: _____
4. How do you feel about scheduling an elderly Client's visit at 8 pm?
Brief verbal response: _____
5. How would you respond if the supervisor gives you a written warning for something they has discovered happened?
Brief verbal response: _____

PRE-HIRE CHECKS

Employee: _____ Social Security#: _____

LICENSE CHECK:

All licensed professionals will provide a copy of their current professional license. Verify credentials online to see if in fact the licensee is listed as current/ "in good standing". The online statement must be printed and placed in their personnel file along with a copy of the current license.

Professional Licensure checked online: YES

Is professional's license listed as "in good standing"? YES NO

Print the online screen

HOME CARE AIDE REGISTRY CHECK:

All Aides will have a Home Care Aide registry Check done prior to orientation being scheduled. This MUST be done before hire.

Online Check: <https://secure.dss.ca.gov/cclid/hcsregistry/registrysearch.aspx>

Aide Registry Check completed on: _____ by _____

Registry Check printed and placed in HR file: Yes by _____

OIG FRAUD CHECK

Every employee has an OIG Fraud/Exclusions check at: <http://exclusions.oig.hhs.gov/>
(if organization receives funding from a state or federal organization)

Has this been checked: YES NO

Print the online screen

Person conducting pre hire screening Signature

*** Attach all findings to this form & file in personnel folder.

New U Home Care LLC

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: () _____
Supervisor: _____
Reason for Leaving: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: () _____
Supervisor: _____
Reason for Leaving: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: () _____
Supervisor: _____
Reason for Leaving: _____

Education Name & Location Course of Study Years Completed Date Graduated

High School: _____

College: _____

Other: _____

Other: _____

Military Service

Branch of Service: _____ Dates of Service: _____

Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No

Special Schooling and/or Duties: _____

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the Organization permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date

Reference Form #1

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with New U Home Care LLC

Name: _____ Social Security # _____

 Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ **Date of signature** _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

New U Home Care LLC
1550 E Gladwick St., Carson, CA 90746
833-703-2487 | 562-477-3206 | 310-554-4730
FAX: (424) 247-1201
EMAIL: contact@newhomecare.com

** If reference was contacted by phone, Organization staff will document & sign/date encounter on backside of this page.

Reference Form #2

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with New U Home Care LLC

Name: _____ Social Security # _____

 Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ **Date of signature** _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

New U Home Care LLC
1550 E Gladwick St., Carson, CA 90746
833-703-2487 | 562-477-3206 | 310-554-4730
FAX: (424) 247-1201

EMAIL: contact@newhomecare.com

** If reference was contacted by phone, Organization staff will document & sign/date encounter on backside of this page.

W-4 Form

INSERT HERE!

Form I-9, Employment Eligibility Verification

INSERT HERE!

CA CRIMINAL HISTORY STATEMENT LIC 508

INSERT HERE!