

Describe any specialized training, skills, activities or previous work experience you have which are pertinent to this position:

EMPLOYMENT

Employer _____ Address	Telephone No.: Work Performed:	Dates Employed: From _____ To _____
Supervisor: Job Title:	Hourly Rate or Salary Starting _____ Ending _____ Reason for leaving:	
Employer _____ Address	Telephone No.: Work Performed:	Dates Employed: From _____ To _____
Supervisor: Job Title:	Hourly Rate or Salary Starting _____ Ending _____ Reason for leaving:	
Employer _____ Address	Telephone No.: Work Performed:	Dates Employed: From _____ To _____
Supervisor: Job Title:	Hourly Rate or Salary Starting _____ Ending _____ Reason for Leaving:	

May we contact the above employers? Yes No

REFERENCES

List names, addresses and phone numbers of three references not related to you. Indicate title or position.

(Suggestions: Former or current teacher, priest/minister, volunteer supervisor, etc.)

NAME	ADDRESS	PHONE	RELATIONSHIP

STATEMENT

I certify that the information herein is true and complete to the best of my knowledge. I authorize investigation by the Employer of all information and references contained in this Application for Employment as may be necessary in arriving at a decision concerning my employment. I hereby release the Employer, its agents and representatives, from any and all liability for such investigation and all previous employers, companies/corporations, organizations, and other persons for cooperating with such investigation.

In the event of employment, I understand that any false or misleading information or representation given in my application or interview(s) will result in my discharge at any time. I agree that, if I am employed, I am required to abide by all policies, rules, and regulations of the Employer.

I understand that my employment is "at-will" and may be terminated by myself or by the employer at any time for any reason at all, with or without prior notice.

Applicant Signature

Date of Application

EXPERIENCE/COMPETENCY CHECKLIST FOR HOME CARE SERVICE WORKERS

Please enter the corresponding number pertaining to your work experience/competency level using the following scale:

- 1 = Experienced, can perform/operate without supervision
- 2 = Capable, can perform/operate with supervision
- 3 = Inexperienced with procedures/equipment, need training and/or supervision

Clinical Area/Knowledge:			
Task	Exp/Comp	Task	Exp/Comp
Dealing with:		Knowledge/Use of:	
• Confused Clients		• Hoyer Lift	
• Combative Clients		• Sara Lift	
Fluency in Foreign Language		• Transfer Board	
Knowledge/Use of Sign Language		• Gait Belt	
Specific Clinical Ability:			
Application of:		Personal Care	
• Ace Bandage		• Bed Bath	
• Binders		• Foot Care (Diabetic)	
• Hot Water Bottle		• Oral Care/Dentures	
• Ice Bags		• Shampoo	
Ambulation Assist/Transfer		• Shower	
Back Rubs		• Tub Bath	
Bedpans/Urinals (Positioning/Empty)		Range of Motion (ROM)	
Catheter Care (Empty & Cleaning Foley)		Turn & Position Patient	
Decubiti Treatment/Care (w/out meds)		Vital Signs	
Feeding Clients		• Temperature	
Housekeeping/Grocery Shopping		• Pulse	
Intake & Output (I & O) Record		• Respirations	
Meal Preparation		• Blood Pressure (BP)	
Ostomy Care		Weigh Patients	

Please explain any additional skills/experience you may have (attach certifications):

Signature

Date

HOME HEALTH SERVICES by THE THORNE GROUP, INC.

302 North 5th Street Youngwood, PA 15697

REFERENCE CHECK FORM

Applicant, _____, Date: _____
has applied for a _____ position with **THE THORNE GROUP, INC.** We would appreciate your assistance by completing Section B, below and returning this form as soon as possible in order that we may complete our selection process. Your response will be treated as strictly confidential. Thank you.

Paula Pelerosse, Roxanne Scott - Human Resources - The Thorne Group, Inc.

SECTION A: TO BE COMPLETED BY APPLICANT (PLEASE PRINT)

Applicant to complete Section A, providing reference name, address, phone and your signature for release of information.

Former/Current Employer _____ Phone _____
Address _____
City : _____
State _____ Zip _____

I, (applicant) _____, hereby consent to the release of information requested in
Signature
Section B, below, for the purposes of potential employment.

SECTION B: REFERENCE **Phone** **Written**

Applicant's Name _____ SS# _____

Dates in your employ: From _____ To _____

Position held: _____

Please rate the applicant on the following items:

	EXCELLENT	VERY GOOD	AVERAGE	FAIR	POOR
Quality of Work					
Quantity of Work					
Attendance					
Cooperativeness					
Neatness					
Other					

Rev.11/07

Would you rehire? Yes No

Reference Name: _____ **Date:** _____