



EMPLOYMENT APPLICATION

THA Concierge Care is an Equal Opportunity Employer and a Smoke-free/Drug-free Workplace. You must complete this application even if you are submitting a resume. While online submission is preferable, paper applications may be delivered, provided they are typed or printed clearly in ink and signed. Incomplete or illegible applications may not be considered further.

This is a read-only document. You must save a copy of this application BEFORE filling it out.

GENERAL INFORMATION

Last Name	First Name	Middle Initial
Birth, Maiden or Other Names Used Past and Present		
Street Address		Apt. #
City	State	Zip Code
		County
Email	Daytime Phone Number	SSN
Please indicate the person you wish us to contact in the event of an emergency:		
Name:		Phone Number:

1. Positions being applied for (limit of two at one time): 1. _____ 2. _____
2. What type of employment are you interested in? Full Time Part Time Temporary Casual / Per-Visit
3. Check shift availability: Morning Evenings Nights Weekends
4. Minimum pay required: \$ ____ / hour or \$ _____ / year
5. Have you ever applied with Concierge Care, Island Hospice, Ideal Aging or RightHealth™? YES NO
6. Have you ever been employed with Concierge Care, Island Hospice, Independent Life at Home or Ideal Aging, RightHealth™? YES NO
7. Are you related to any Concierge Care, Island Hospice, Ideal Aging or RightHealth™ employees? YES NO If yes, give name(s) and relationship(s): _____
8. How did you hear about this position? Company Website Online job posting Newspaper ad
 Employee referral (referred by: _____) Other (Please specify: _____)

PERSONAL INFORMATION

NOTE: Thorough background checks, including arrest and conviction records, are completed on all potential employees of THA Concierge Care. Full disclosure of the information requested below is required to be considered for employment. THA Group will not deny employment to any applicant solely because the person has been convicted of a crime. However, THA Concierge Care will consider the nature, date and circumstances of the offense, as well as its relevance to the duties of the position applied for.

9. Are you age 18 or older? YES NO
10. Are you authorized to work in the United States? YES NO N/A
11. Military service: YES NO Branch: _____ Date entered: __ / __ / ____
12. Have you ever been excluded from Medicare or Medicaid programs or received similar administrative sanctions? YES NO If yes, explain: _____
13. Have you ever been accused of abuse or neglect of an individual? YES NO If yes, explain: _____
14. Have you ever been convicted of a felony involving dishonesty or breach of trust {18 U.S.C § 1033}?* YES NO If yes, briefly describe the nature of the crime(s), the date and place of conviction, and the legal disposition of the case: _____

*Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offense, type of offense, remoteness of the offense in time, and rehabilitation will be taken into account in determining effect on suitability for employment.

PERSONAL REFERENCES (CANNOT BE RELATIVES)

Name	Relationship	Address	Phone #

Do you have a resume that you would like to attach? YES NO (If yes, the following is optional.)

EDUCATION

High School Diploma or Equivalent (GED)? YES NO

Other Institutions Attended	Location	Field and Type of Degree (BA, BS, MA, PhD)	Did you graduate?

LICENSES AND CERTIFICATIONS

Type of License/Certificate	Specialization/Endorsements	License/Certificate Number	Expiration (Mo./Yr.)

SKILLS (Check all that apply)

<input type="checkbox"/> Medical terminology	<input type="checkbox"/> Keyboarding WPM: _____	<input type="checkbox"/> Multi-line telephone system
<input type="checkbox"/> 10-Key Calculator	<input type="checkbox"/> Shorthand WPM _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Foreign Language(s) and level of fluency (high, medium, low): _____		
<input type="checkbox"/> Personal computer Please note your level of proficiency for each Microsoft Office Application below (high, medium, low): Word: _____ Excel: _____ PowerPoint: _____ Outlook: _____ List any additional software with which you are familiar: _____ _____		

WORK HISTORY (Last 15 years beginning with present or most recent experience) Include military and volunteer experience. If you worked for the same employer but held different jobs describe each separately. If you need additional space, attach additional sheets which contain the same information requested in this section. Incomplete information may result in your disqualification from employment consideration.

Current or Last Employer			Job Title
Address			Supervisor's Name and Title:
City	State	Zip Code	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving			Supervisor's Phone
From (mo/yr)	To (mo/yr)		Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer
Annual Salary \$	Hours/Week		# and types of employees you supervised:

Describe in detail the main duties of your position: _____

Previous Employer			Job Title
Address			Supervisor's Name and Title:
City	State	Zip Code	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving			Supervisor's Phone
From (mo/yr)	To (mo/yr)		Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer
Annual Salary \$	Hours/Week		# and types of employees you supervised:

Describe in detail the main duties of your position: _____

Previous Employer			Job Title
Address			Supervisor's Name and Title:
City	State	Zip Code	May We Contact Employer? <input type="checkbox"/> YES <input type="checkbox"/> NO
Reason for Leaving			Supervisor's Phone
From (mo/yr)	To (mo/yr)		Check one: <input type="checkbox"/> Paid <input type="checkbox"/> Intern <input type="checkbox"/> Volunteer
Annual Salary \$	Hours/Week		# and types of employees you supervised:

Describe in detail the main duties of your position: _____

UNEMPLOYMENT RECORD

Account for all periods of unemployment due to non-medical reasons during the last 15 years or since you left school (4 weeks duration or longer).

From	To	Reason
From	To	Reason
From	To	Reason
From	To	Reason

In order to be considered for employment, you must be able to furnish the following at

interview: Copy of valid driver's license

Proof of current auto insurance (document must show that you are a covered driver)

Motor vehicle record

Copy of Social Security Card or I-9 Document

Certification/professional license (if applicable)

Proof of current CPR Certification (if applicable)

PPD results or chest x-ray results (within last year)

Letter of reference

CERTIFICATION

Read carefully before signing and dating. Unsigned applications will be returned.

1. I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application will prohibit my employment or will be grounds for immediate dismissal whenever such omission or misinformation is discovered. I authorize any agent or employee of THA Concierge Care. to verify this information and to release it to any employee of THA Concierge Care who may consider me for employment.
2. I understand that this application is intended for information purposes only. Neither this application nor any other communication by the corporation's representatives, written or oral, establishes an employment contract other than the one terminable at will by the corporation or the applicant. THA Concierge Care and its employees have the right to terminate the employment relationship with or without cause at any time. No communication or practice limits the reasons or procedures for termination or modification of the employment relationship.
3. I understand that THA Concierge Care does not discriminate on any basis, including age; however, in order to complete any appropriate background check, I must furnish my date of birth, race and sex.
4. I understand that this application will only remain active for 90 days. If employment does not occur within this time period, I understand that I must reapply in order to reactivate my application.
5. I acknowledge that I have read and understand each of the above statements.

Signature

Date

Online applicants only: By checking this box you certify that you agree to the above statements.



EMPLOYMENT AGREEMENT
Important Information – Please Read Before Signing

- 1. I understand that this application is intended for information purposes only. Neither this application nor any other communication by the corporation’s representatives, written or oral, establishes an employment contract other than the one terminable at will by the corporation or the applicant. THA Concierge Care and its employees have the right to terminate the employment relationship with or without cause at any time. No communication or practice limits the reasons or procedures for termination or modification of the employment relationship.
- 2. I also understand that THA Concierge Care does not discriminate on any basis, including age; however, in order to complete any appropriate background check, I must furnish my date of birth, race, and sex.
- 3. I understand this application will only remain active for ninety (90) days. If employment does not occur within this time period, I understand I must reapply in person in order to reactivate my application.
- 4. I agree to have a drug and/or alcohol test whenever required by THA Concierge Care.
- 5. If hired I agree to inform my employer of any crime I am convicted of that occurs during the course of my employment.
- 6. I certify that all statements on this application are true and complete. I understand that any omission or misinformation given on this application will prohibit my employment or will be grounds for immediate dismissal whenever such omission or misinformation is discovered.
- 7. I understand that any and all client information made available to me during my employment with THA Concierge Care is confidential in nature. I agree never to disclose client information of any type to another home care agency or outside source without the written permission of my employer. I also agree never to use client information for the purpose of solicitation or other purposes that are not approved by the organization.
- 8. If hired for full-time employment, I understand that also working for a competing home care agency or offering home care services as an independent contractor represents a conflict of interest. While in the employ of THA Concierge Care, I agree not to enter into any employee-employer relationships with organizations or individuals in Beaufort, Chatham or Effingham counties that are in direct competition with the agency.
- 9. I understand and acknowledge the importance of the relationship between THA Concierge Care and its clients. During employment, I agree not to solicit the company’s clients, either on my behalf or on behalf of a competing organization. Likewise, upon termination of employment I agree not to solicit the company’s clients, either on my behalf or on behalf of a competing organization for a period of six months.
- 10. I understand and acknowledge that I will not disclose my computer password to anyone, except the Director of Information and Operations Systems.
- 11. I acknowledge that I have read and understand each of the above statements.

X _____
Signature

X _____
Date

X _____
Social Security Number

Online applicants only: By checking this box you certify that you agree to the above statements.

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby grant permission for THA Concierge Care to contact the employer listed below. I also authorize my former or present employer to release information about my job performance, competency, reliability or other records of employment that will assist THA Concierge Care in completing a thorough and accurate reference check. I hereby release from all liability and damages any individual, companies or agencies that provide information as stated above.

APPLICANT SIGNATURE <div style="font-size: 2em; font-weight: bold; text-align: center;">X</div>	DATE <div style="font-size: 2em; font-weight: bold; text-align: center;">X</div>
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RECORD OF EMPLOYMENT – TO BE COMPLETED BY PREVIOUS EMPLOYER

APPLICANT NAME		SOCIAL SECURITY NUMBER	
NAME OF PREVIOUS / PRESENT EMPLOYER			
ADDRESS			
CITY		STATE	ZIP CODE
POSITION/TITLE	DATES OF EMPLOYMENT WITH YOUR COMPANY.		FROM TO
REASON FOR LEAVING			
WOULD YOU REHIRE THIS PERSON? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If No, Please explain:</i>			
STRENGTHS:	WEAKNESSES:		

Please Circle

Quality of Work	<i>Favorable</i>	5	4	3	2	1	<i>Unfavorable</i>
Productivity	<i>Favorable</i>	5	4	3	2	1	<i>Unfavorable</i>
Dependability	<i>Favorable</i>	5	4	3	2	1	<i>Unfavorable</i>
Initiative	<i>Favorable</i>	5	4	3	2	1	<i>Unfavorable</i>
Personal Appearance	<i>Favorable</i>	5	4	3	2	1	<i>Unfavorable</i>
Communications/Interpersonal Skills	<i>Favorable</i>	5	4	3	2	1	<i>Unfavorable</i>
Attendance/Punctuality	<i>Favorable</i>	5	4	3	2	1	<i>Unfavorable</i>

Additional Comments: _____

Signature: _____ **Date** _____ **Title** _____

Please attach this completed form plus any supporting documents (such as a resume) and email to:
opportunities@thagroup.org.