

# NEW GENERATION HOME CARE INC

## APPLICATION FOR EMPLOYMENT

- All information obtained within this application will be held in strict confidence, subject to applicable law.
- Please complete all applicable sections and sign the last page.
- Please print clearly
- Travel may be required for certain positions and valid drivers' license/insurance may be required upon hire.

**NGHS is an Equal Opportunity Employer. We will not discriminate in employment because of sex, age, race, physical disability, religion, ethnicity, mental disability, marital status, ancestry or place of origin.**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City / State / Zip

Are you legally entitled to work in the USA?  
 \_\_\_\_\_

Position(s) applied for: \_\_\_\_\_

Date you are available for employment: \_\_\_\_\_ Wage/Salary desired: \_\_\_\_\_

Please list ALL counties / Areas that you are willing to travel to for work:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Availability:**  
 Below, please list all days and times that you are available for work.  
 \*Please note that some weekends are mandatory for employment with NGHC.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun
AM	AM	AM	AM	AM	AM	AM
_____	_____	_____	_____	_____	_____	_____
PM	PM	PM	PM	PM	PM	PM

Have you ever worked for NGHS before? [  ] Yes [  ] No

### **EDUCATIONAL BACKGROUND & MILITARY EXPERIENCE**

**NGHS has a company policy stating a minimum educational level of High School Diploma or equivalent for all positions.**

#### **EDUCATIONAL BACKGROUND**

Highest level of education completed: \_\_\_\_\_

Name of education institute: \_\_\_\_\_

What machines or equipment have you operated that relates to the position you have applied for?  
\_\_\_\_\_

Are there any skills, experience or other qualifications that you feel would assist you in performing the duties of the position you have applied for? \_\_\_\_\_  
\_\_\_\_\_

**Military Experience**

Do you have any military experience? [ ] Yes [ ] No

(If yes, please include branch and highest rank) \_\_\_\_\_

Were you dishonorably discharged? [ ] Yes [ ] No

(If yes, please explain) \_\_\_\_\_

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**EMPLOYMENT HISTORY**

**LIST BELOW YOUR LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT**

Employers Name: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name and Phone: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? [ ] Yes [ ] No

(If NO, please explain) \_\_\_\_\_

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Employers Name: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name and Phone: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer? [ ] Yes [ ] No

(If NO, please explain) \_\_\_\_\_

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Employers Name: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Reason for Departure: \_\_\_\_\_

Supervisor's Name and Phone: \_\_\_\_\_

Position(s) held: \_\_\_\_\_

Duties: \_\_\_\_\_

May we contact this employer?  Yes  No

(If NO, please explain) \_\_\_\_\_

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**If you are applying for a position that requires driving, please complete this section:**

Do you have a valid drivers' license? \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

**If you are selected for an interview, you are required to present a copy of your driving record that is not more than 4 weeks old. After being hired, a copy of this driving record will be placed into your personnel file and an annual update will be required.**

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**FALSE INFORMATION GIVEN OR IMPLIED ON AN APPLICATION IS GROUNDS FOR IMMEDIATE DISMISSAL WITHOUT FURTHER NOTICE.**

I hereby state that all information provided is accurate and may be verified by you. I agree that I may be discharged if NGHS at any time learns of falsification or material omission in the information provided on this application form and related documents. NGHS may contact my former employer in connection with the consideration of my employment with them. I hereby release NGHS, its affiliates, successors and assigns, and all references from any liability that might be claimed because of information provided by such references.

I agree that I will follow all company policies, rules, procedures, and other directions pertaining to my employment. I understand that NGHS reserves the right to add, change, and/or delete any policies, procedures, work rules, and/or benefits at any time.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NO CONSIDERATION WILL BE GIVEN TO ANYONE WHO DOES NOT SIGN THE ABOVE STATEMENT.**

**Thank you for showing an interest in pursuing a career with NGHS**

## **NEW GENERATION HOME CARE, INC**

### **ATTESTATION STATEMENT**

**This is to certify that as an employee of New Generation Home Care, INC:**

- **I have not been involved in any form of misconduct with the law**
- **I have not been cited in my practice for any abuse, neglect or exploitation of patients and/or their families.**
- **My license has not been under probation or suspension and I have not engaged in practicing above my professional scope or Code of ethics.**
- **I have not been reported for misconduct or the like to any of the state licensing board.**

**I am willing to comply with the rules and regulation as binding and stipulated by the regulatory board in delivering of patients care.**

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**Employee Signature**

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**Date**

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**NGHC Representative**

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**Date**

**NEW GENERATION HOME CARE INC.**

**CONFIDENTIALITY AGREEMENT FOR EMPLOYEES**

I, \_\_\_\_\_, as an employee of NGHS health services understand that I must maintain strict confidentiality of client information and not disclose or cause to be disclosed any personal, financial, psychological or medical information relating to a client. Except to appropriate staff, the client, the client's representative, client's physician, the Department of Human Resources or other individuals authorized by the consumer in writing or as may be required by court subpoenas.

I understand that a breach of confidentiality may be interpreted as misconduct for which I may be disciplined and could result in the termination of my employment.

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Signature of Employee

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Date

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NGHS Representative

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Date

# New Generation Home Care, Inc

## Employee Emergency Information

It is the policy of the New Generation Healthcare Services to maintain emergency information specific to the staff. This information will include but is not limited to:

- The name and telephone number of Employee
- Name and telephone number of emergency contacts.

### Employee Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City / State / Zip Code

Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone:

### Emergency Contact Information

Name: \_\_\_\_\_ Relation to you: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address (if different than yours) City / State / Zip Code

Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Cell Phone:

# CRIMINAL HISTORY CONSENT FORM

I hereby authorize **NEW GENERATION HOME CARE, INC.** to receive any criminal history record information pertaining to me, which may be in the files of any state or any local criminal justice agency in the State of Georgia.

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Full name (Printed)

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Street Address

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City, State & Zip Code

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Date of Birth

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Social Security Number

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Sex

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Race

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Signature

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Date of Request