

COVER PAGE (Applicant DO NOT Fill this page)

APPLICANT'S NAME: _____ POSITION _____

APPLICATION DATE: _____

CLASS/ ORIENTATION DATE: _____

GENERAL APPLICATION

(PRE HIRE FORMS)

BELOW FOR OFFICIAL USE ONLY (PARA USUAL OFICIAL SOLAMENTE)

CHECKLIST

- | | |
|---|---|
| <input type="checkbox"/> LICENSE/ID | <input type="checkbox"/> COVID-19 VACCINE |
| <input type="checkbox"/> SSN | <input type="checkbox"/> |
| <input type="checkbox"/> PHYSICAL | <input type="checkbox"/> |
| <input type="checkbox"/> TB | <input type="checkbox"/> |
| <input type="checkbox"/> CAR REG. | <input type="checkbox"/> |
| <input type="checkbox"/> RESUME | <input type="checkbox"/> |
| <input type="checkbox"/> REFERENCES | <input type="checkbox"/> |
| <input type="checkbox"/> EMP-DOC | <input type="checkbox"/> |
| <input type="checkbox"/> PROFESSIONAL LICENSE | <input type="checkbox"/> |
| <input type="checkbox"/> DIPLOMA/TRANSCRIPT | <input type="checkbox"/> |
| <input type="checkbox"/> CPR | <input type="checkbox"/> |

Employment Application

Availability: check all that you could work

Mon ___ Tues ___ Weds ___ Thurs ___ Fri ___ Sat ___ Sun ___
 Day hours ___ Evening hours (5-9 P) ___ nights (9 P-12 MN) ___ overnights ___ live-in ___

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Type of Employment Desired: Per Diem Number of Hours: _____
 Part Time Number of Hours: _____
 Full Time Number of Hours: _____

 Last Name First Name Middle Initial

 Mailing Address City State Zip Code

 Home Phone Number Cell Phone Number Work Phone Number

 Email address

 Language skills other than English (written/spoken)

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? Yes No

If not legal citizen: Do you have a green card? Yes No

Do you have a social security card? Yes No

Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____ Internet _____
 Which newspaper? Which site?

Current Employee _____
 We'd like to thank them

Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

Maestro-Connections Health Systems, LLC an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

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 agency 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 _____

Effective: 10/2018

Date _____

Pre-Hire In Person Interview

Interview conducted by _____ Date _____

Name: _____

Position applying for: _____ If Aide, current certificate _____

Has caller ever worked in home care? If yes, where _____

Is caller currently working anywhere? If yes, where _____

Would caller be interested in per diem work with us?
If yes, when could they be available to do orientation?

AGENCY 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?

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 patient's home and he/she refused to let you in?
Brief verbal response: _____
2. What would you do if your patient 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 patient?
Brief verbal response: _____
4. How do you feel about scheduling an elderly patient's visit at 8 pm?
Brief verbal response: _____
5. How would you respond if the Administrator calls you in to give you a written warning for something she has discovered happened?
Brief verbal response: _____

Educational Verification & Medicare/Medicaid Fraud Checks

Employee: _____ Social Security # _____

NURSE AIDE REGISTRY CHECK:

All para professionals (HHA) must have the Nurse Aide Registry Check done prior to orientation being scheduled. This is NOT optional if it is a law in Massachusetts and MUST be done before hire. Call the Massachusetts Nurse Aide Registry for MA candidates. 617-753-8192.

NAR Site:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/nurse-aides/nurse-aide-registry/>

Nurse Aide Registry Check called on: _____ by _____

Nurse Aide Registry Check returned: Yes

LICENSE CHECK:

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

MA professionals: <https://checklicense.hhs.state.ma.us/MyLicenseVerification/>

Professional Licensure checked online: YES

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

Have you printed the online screen: YES

OIG FRAUD CHECK: on hire & annual

Every employee will be checked through the OIG Exclusions Site at: <http://exclusions.oig.hhs.gov/>

OIG Check completed: YES NO

Printed the online screen

SEX OFFENDER CHECK: on hire & annual

Every employee will be checked through the Sex Offender Site at:

<https://www.nsopw.gov/>

Sex Offender Check completed: YES NO

Printed the online screen

HHA ONLY CHECK: HHA TRAINING PROVIDER IN GOOD STANDING WITH CMS:

Verification to ensure source of training program is in good standing with CMS

Date Performed: _____ Performed through: <https://licensing.state.ma.us/CitizenAccess/>

System for Award Management (SAM) <https://www.sam.gov>,

OTHER: _____

Signature/Title of Staff conducting screening

Date: _____

***** Attach printouts to this form & file in personnel folder.

Reference Form # 1

Who should we send this to: _____
Address: _____
Phone: (____) _____

The individual listed below has applied for a position with Maestro-Connections Health Systems, LLC

Name: _____
Last First Middle initial

The position being applied for is: _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERRAL

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 all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. 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 of Reference

Title

Date

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 _____

Effective date: 2014

Reference Form # 2

Who should we send this to: _____

Address: _____

Phone: (____) _____

The individual listed below has applied for a position with Maestro-Connections Health Systems, LLC

Name: _____
Last
First
Middle initial

The position being applied for is: _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERRAL

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 all strive to minimize employee turnover and a frank exchange of information can substantially assist in accomplishing this objective. 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 of Reference

 Title

 Date

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 _____

Effective date: 2014

CORI Request Form

CHAPTER 6, § 172 C CORI REQUEST FORM

Maestro-Connections Health Systems, LLC has been certified by the criminal History Systems Board to all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, § 172 C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation, or other services in a home or in a community based setting for any elderly person or disabled person or who will have and direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

APPLICANT/EMPLOYEE SIGNATURE (unless otherwise preempted by law)

LAST NAME FIRST NAME MIDDLE NAME

MAIDEN NAME OR ALIAS (IF APPLICABLE) PLACE OF BIRTH

DATE OF BIRTH: SOCIAL SECURITY NUMBER: - - ID theft Index PIN
(if applicable) (Requested but not required)

MOTHER'S MAIDEN NAME:

CURRENT AND FORMER ADDRESSES:

SEX: HEIGHT: WEIGHT: EYE COLOR:

STATE DRIVER'S LICENSE NUMBER: (include State of issue)

***** BELOW FOR OFFICIAL USE ONLY *****

<p>* THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: _____</p> <p>REQUESTED BY: _____ SIGNATURE OF CORI AUTHORIZED EMPLOYEE</p> <ul style="list-style-type: none"> The CHSB Identify Theft Index PIN is to be completed by those applicants that have been issued an Identify Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. All CORI request forms that include this field are required to be submitted to the CHSB via mail
--

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.