



The Heartland House, Inc.

113 Perry's Corner Road
P.O. Box 400
Grasonville, Maryland 21638-0400
ph. (410) 827-4541 fax (410) 827-8207

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire • Equal Opportunity Employer

DATE: _____

PERSONAL INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL	SOCIAL SECURITY NO.	
CURRENT ADDRESS			CITY	STATE	ZIP CODE	
CELL PHONE NO.	SECONDARY PHONE NO.		REFERRED BY			
E:MAIL ADDRESS						

EMPLOYMENT DESIRED

LOCATION PREFERRED <input type="checkbox"/> <i>Grasonville</i>		SHIFT AVAILABLE TO WORK (Check One or Both) <input type="checkbox"/> <i>Day 7am - 7pm</i> <input type="checkbox"/> <i>Night 7pm - 7am</i>	
POSITION		DATE YOU CAN START WORK	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i>		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i>	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> <i>YES</i> <input type="checkbox"/> <i>NO</i>	WHERE	WHEN	

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR OTHER SCHOOL				

FORMER EMPLOYERS (List Below Last Three Employers, Starting With Last One First)

DATE - MM/YYYY	NAME, ADDRESS & PHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

CONTINUED ON OTHER SIDE



The Heartland House, Inc.

113 Perry's Corner Road
P.O. Box 400
Grasonville, Maryland 21638-0400
ph. (410) 827-4541 fax (410) 827-8207

APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire • Equal Opportunity Employer

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY / RESEARCH WORK	
SPECIAL SKILLS / TRAINING	
U.S. MILITARY OR NAVAL SERVICE	RANK
ARE THERE ANY CONDITIONS THAT WOULD PREVENT YOU FROM PERFORMING THIS JOB? IF YES, PLEASE EXPLAIN: <input type="checkbox"/> YES <input type="checkbox"/> NO	

REFERENCES (List Below the Names of Three Persons Not Related to You, Whom You Have Known at Least a Year)

NAME	ADDRESS AND PHONE NUMBER	BUSINESS	YRS KNOWN

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

"I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release The Heartland House, Inc. from all liability for any damage that may result from utilization of such information.

"I also understand and agree that no representative of The Heartland House, Inc. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

"This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

"I understand that a criminal records check is necessary prior to my employment and I understand that, in compliance with federal law, The Heartland House, Inc. will provide me with a written notice regarding the use of this report and will also obtain a separate written authorization from me to consent to this report. I also understand that a conviction will not automatically result in disqualification from employment."

"I understand and agree that, if hired, I will be subject to drug and alcohol screenings and ongoing random drug and alcohol testing as a condition of my employment and I further understand and agree that my refusal to timely submit to a drug and/or alcohol test shall be grounds for dismissal."

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required eligibility verification document form upon hire.

_____ DATE _____ SIGNATURE

DO NOT WRITE BELOW THIS LINE

_____ DATE RECEIVED _____ RECEIVED BY



The Heartland House, Inc.

113 Perry's Corner Road
P.O. Box 400
Grasonville, Maryland 21638-0400
ph. (410) 827-4541 fax (410) 827-8207

**BACKGROUND CHECK
AUTHORIZATION**

NAME _____

**DISCLOSURE AND AUTHORIZATION REGARDING
BACKGROUND INVESTIGATION FOR EMPLOYMENT PURPOSES**

DISCLOSURE

The Heartland House, Inc. ("Company") is required by the State of Maryland to obtain background information from a consumer reporting agency for employment-related purposes, a "consumer report(s)" (commonly known as "background reports") containing background information about you in connection with your application for employment, or engagement for services (including independent contractor or volunteer assignments, as applicable).

The Company uses one of two sources for background checks; HireRight, LLC ("HireRight") or Maryland Criminal Justice Information System ("CJIS").

HireRight will prepare or assemble the background reports for the Company. HireRight is located and can be contacted at 3349 Michelson Drive, Suite 150, Irvine, CA 92612, (800) 400-2761, www.hireright.com.

Maryland CJIS uses fingerprint technology to prepare or assemble the background reports for the Company. This service requires the prospective employee to visit a local fingerprint collection facility to submit their information for the Company.

The background report(s) may contain information concerning your character, general reputation, personal characteristics, mode of living, or credit standing. The types of background information that may be obtained include, but are not limited to: criminal history; litigation history; motor vehicle record and accident history; social security number verification; address and alias history; credit history; verification of your education, employment and earnings history; professional licensing, credential and certification checks; drug/alcohol testing results and history; military service; and other information.

AUTHORIZATION

I hereby authorize Company to obtain the consumer reports (background check) described above about me.

Applicant Name _____

Applicant Signature _____

Date _____



The Heartland House, Inc.

113 Perry's Corner Road
P.O. Box 400
Grasonville, Maryland 21638-0400
ph. (410) 827-4541 fax (410) 827-8207

TUBERCULOSIS TEST NOTICE

NAME _____

I understand that the State of Maryland requires that every applicant for employment at The Heartland House, Inc. have a Tuberculosis (TB) test prior to employment and, if hired, a follow-up test will be required on an annual basis.

I acknowledge that, if hired, I will be required to get a TB test at my expense before my first day of employment. If I have already had a TB test within the last twelve months, I will provide The Heartland House, Inc. with the results from this test, otherwise I will have to get a new one.

If I do not have a doctor who can perform this TB test for me, I understand that I can visit the Queen Annes County Health Department and they will perform a TB test for \$14.00 (price subject to change without notice). I further understand that a TB skin test must be read three days after the injection under my skin, so I will plan accordingly.

Signature of Acknowledgement



The Heartland House, Inc.
 113 Perry's Corner Road
 P.O. Box 400
 Grasonville, Maryland 21638-0400
 ph. (410) 827-4541 fax (410) 827-8207

DRUG & ALCOHOL TESTING RELEASE AND CONSENT

NAME _____

RELEASE AND CONSENT TO DRUG AND ALCOHOL TESTING

The Heartland House, Inc. is licensed by the State of Maryland to provide care and services as an Assisted Living home. Its employees make decisions every day throughout their shift which affect the safety, security, well-being and happiness of its residents. Any person whose judgement may be impaired by the effects of drugs and/or alcohol in their system has a potential to cause harm to a resident. Therefore, the company must take precautions to reduce that risk.

I do hereby give my consent and authorization to The Heartland House, Inc. or its designee, to administer and perform on me appropriate tests and analyses designed to detect the use of drugs and alcohol and the presence of drugs and alcohol in my system.

It is my understanding that The Heartland House, Inc. may conduct these tests prior to my employment and, if hired, occasionally at random. Further, I understand that it is the policy of The Heartland House, Inc. to conduct a drug and alcohol test in the event I get hurt on the job and need to file a Worker's Compensation claim.

I fully understand the nature and purpose of the tests and analyses, and voluntarily agree to submit to them. Further, I promise, if hired, during my employment, that I will notify my supervisor of any prescription medications I am taking so that we can determine if it may affect my ability to perform my duties safely.

I hereby certify that I am not a current user of illegal drugs.

I authorize the release of the results of any tests and analyses to The Heartland House, Inc. I understand that the results of the tests and analyses will be considered by The Heartland House, Inc. in making employment decisions.

I agree to forever hold harmless and release The Heartland House, Inc., its affiliates, officers, employees and agents, from any and all claims, actions and/or liability from or in any way connected with the tests and analyses performed, as well as release and use of the results to The Heartland House, Inc.

I further understand and agree that if I refuse to submit to a requested drug and/or alcohol test, I may be terminated from my employment.

Printed Name _____ Witness Printed Name _____

Signature _____ Witness Signature _____

Date _____ Date _____



The Heartland House, Inc.

113 Perry's Corner Road
P.O. Box 400
Grasonville, Maryland 21638-0400
ph. (410) 827-4541 fax (410) 827-8207

JOB DESCRIPTION

NAME _____

JOB DESCRIPTION AND DUTIES TO BE PERFORMED

The Heartland House, Inc. employee duties include all aspects of resident care: assistance with meals, assistance with toileting, ambulating residents, assistance with bathing, dressing and grooming, activities and games, all resident care needs; housekeeping duties; laundry; and cooking. Each staff member is responsible to carry out the requirements and obligations of his/her job description, as well as directives of his/her team leader, supervisor, manager, and company administrator.

TASKS AND FUNCTIONS

Job #1: Your primary job is to work with your team to ensure the safety, security, well-being, and happiness of all the residents.

Continuity of Care: You must arrive to work ON TIME to receive a verbal report on the residents from the previous shift.

Treat Residents with Respect and Dignity: You will be interacting with most, if not all, residents at the facility. You must speak to residents in a kind, loving manner and respect their dignity and individuality at all times. Residents have rights and it is your job to protect their rights.

Lifting of Residents: Most residents will require a lift by two people. You will be taught how to lift properly to avoid back injury. Failure to follow proper procedures could cause injury and the company will not be responsible if proper procedures are not followed. Warning will be given followed by dismissal if not heeded.

Feeding Residents: Some residents may require pureed foods, liquids which are thickened, no sugar diets, no salt diets, etc. You will be shown these special needs and all employees will be responsible to follow proper feeding.

Ambulation: It is important that residents are properly ambulated and get the exercise they need.

Grooming of Residents: Residents will be assisted with dressing and grooming each day. This includes bathing, dressing, hair, make-up, nails, shaving, lotions, powder, teeth, jewelry, etc. All clothing will be marked with permanent marker on inside labels to determine ownership. Residents will be kept clean at all times. Soiled clothing will be removed and replaced with clean. Make sure dirty clothes get to the laundry and not back in their closet.

Toileting Residents: Residents will be assisted, if necessary, by two people when taken to the bathroom. Assistance may be by walker, wheelchair, or two staff members. Most residents will require assistance while in the bathroom and may not be left alone.

Activities and Games: It is important to have a rapport with each resident. Social interaction is important to their mental well-being. Take time to become familiar with each resident's interests and hobbies. This can be done through a one-on-one game, group activities, reading, crafts, and conversations. Activities should be appropriate for each resident taking into consideration their needs and abilities.

Housekeeping Duties: When you are not required to be with a resident, there will be housekeeping responsibilities which include changing bed linens, cleaning resident rooms, closets, drawers and commodes, vacuuming, dusting, removing clutter, emptying trash containers, scrubbing the floors, cleaning refrigerators, cleaning bathrooms, and any other duty that may be assigned under this category. Job duties will be evenly distributed to all persons on a shift.

Laundry: Laundry is done in-house for all residents. You will be taught how to do laundry (i.e. sorting colors and how to use the machines). Our residents are to look nice at all times and clothing and resident-owned items purchased by family must be laundered carefully to avoid loss or damage. Bed linens, towels, and other laundry items are continuous and need to be laundered throughout your shift.

Cooking: From time to time you may be required to help prepare a meal. A cook is usually on staff, but some meals may require resident-care staff to prepare meals. You will be trained in nutrition for elderly care, basic food safety, and methods of infection control.

Duties as Required: Other duties may be assigned to you by your team leader, supervisor, manager, and company administrator.

JOB CAPABILITIES AND SAFETY PRECAUTIONS

Physical Demands: Your job duties will require you to lift heavy objects, mainly residents. The proper lifting procedures must be followed to avoid injury to you or the resident. Nursing Assistant duties require physical strength throughout your shift and you must be able to meet those demands to properly perform your job.

Safety Precautions: Precautions must be taken whenever handling a resident. You should wear protective gloves as needed, follow safety rules when lifting or moving a resident, and use caution in the bath or on slippery floors. A pre-employment and annual TB test is required.

Job Skills: Only Medication Administration Certified personnel may administer medication to residents. Your job entails skills of a Nursing Assistant and classes will be offered throughout your employment to make sure you attain proper updates and training to perform your job. First Aid, CPR, Universal Precautions, Food Safety, Bloodborne Pathogens, Medication Administration and C.N.A. updates will be offered.

I have carefully read the above and understand my job description. _____

v20200101

Signature

Date