JANIC HEALTHCARE SERVICES

778 Rays Road, Suite 103
Stone Mountain, GA 30083
Phone: (678) 626-6696 • Fax: (404) 478-8409
www.janichealthcare.com

New Hire Requirements

Employee Name:_____ **Date:**_____

- ❒ Current GA Driver's License
- ❒ Current GA RN/LPN/CNA License
- ❒ Physical with TB Test Results completed within the last 3 months
- ❒ CPR Certification completed within the last 12 months
- ❒ First Aid Certification completed within the last 12 months
- ❒ Criminal Background Check pulled within the last 3 months
- ❒ Social Security Card
- ❒ Voided Check/Direct Deposit Account Info

Please make sure that you allow your interviewer to make copies of the above items before leaving today. Any item that you do not have with you at this time please discuss it with your interviewer before you leave our office today so arrangements can be made to obtain these items. Please be aware that if you do not have these items on file, we cannot allow you to see patients until received.

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Employee Information Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Home Phone: ( ) _____ Alternate Phone: ( ) _____

E-mail Address: _____

Social Security Number or Government ID: _____

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: ( ) _____

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Primary Phone: ( ) _____ Alternate Phone: ( ) _____

Relationship: _____ Email: _____:_____

Service Area & Availability

Service Area: _____

_____

Availability:

❒ Sunday	❒ Monday	❒ Tuesday	❒Wednesday	❒ Thursday	❒ Friday	❒Saturday
from:_____	from:_____	from:_____	from:_____	from:_____	from:_____	from:_____
to:_____	to:_____	to:_____	to:_____	to:_____	to:_____	to:_____

Job Information (OFFICE STAFF WILL COMPLETE)

Title: _____

Supervisor: _____

Work Location: _____ E-mail Address: _____

Start Date: _____ Salary: **$** _____

JANIC HEALTHCARE SERVICES, LLC.

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Date_____

Last Name:	**First:**	**M.I.:**
Street Address:		**Apt/Unit #:**
City:	**State:**	**Zip Code:**
Phone:	**Alternate Phone:**	
Email Address:	**Soc Sec No.:**	
Date Available:	**Desired Salary:**	
Position(s) Sought:	☐ **Full Time** ☐ **Part Time** ☐ **On-Call**	
Are you legally eligible for employment in the United States?	☐ Yes ☐ No	
Are you over the age of 18? If you are offered a position, you will be required to provide documentation to verify eligibility.	☐ Yes ☐ No	
Have you ever worked for Janic Healthcare Services, LLC?	☐ Yes ☐ No	If yes, when?
Have you ever been convicted of a crime other than a minor traffic offense? A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.	☐ Yes ☐ No	If yes, explain

EDUCATION AND TRAINING

High School:		**Address** (City, State):	
From: **To:**	**Did you graduate?** ☐ Yes ☐ No	**Diploma?** ☐ Yes ☐ No **GED?** ☐ Yes ☐ No	
College/Technical School		**Address** (City, State)	
From: **To:**	**Did you graduate?** ☐ Yes ☐ No	**Degree/Major:**	
Other School		**Address** (City, State):	
From: **To:** ☐ ☐	**Did you graduate?** ☐ Yes ☐ No	**Degree/Major:**	
Professional License/Membership Type:			
State & Number:		**Expiration Date:** ☐ ☐	
Professional License/Membership Type:			
State & Number"		**Expiration Date:** ☐	
Please list any additional training, education or skills:			

JANIC HEALTHCARE SERVICES, LLC.

EMPLOYMENT APPLICATION

PREVIOUS EMPLOYMENT (Must show a minimum of 5 years employment history.)

Please list most recent employment first, including military experience.

Company:			**Address:**
Phone:			**Position Held:**
Dates of Employment (mo/yr) **From:**		**To:**	**Immediate Supervisor:**
Department:	☐ FT ☐ PT	**Hrs/wk:**	**Start Salary:** **End Salary:**
Duties:			
Reason for Leaving:			**May we contact this employer?** ☐ Yes ☐ No
Company:			**Address:**
Phone:			**Position Held:**
Dates of Employment (mo/yr) **From:**		**To:**	**Immediate Supervisor:**
Department:	☐ FT ☐ PT	**Hrs/wk:**	**Start Salary:** **End Salary:**
Duties			
Reason for Leaving:			**May we contact this employer?** ☐ Yes ☐ No
Company:			**Address:**
Phone:			**Position Held:**
Dates of Employment (mo/yr) **From:**		**To:**	**Immediate Supervisor:**
Department:	FT: PT:	**Hrs/wk:**	**Start Salary:** **End Salary:**
Duties:			
Reason for Leaving:			**May we contact this employer?** Yes: No:
Company:			**Address:**
Phone:			**Position Held:**
Dates of Employment (mo/yr) **From:**		**To:**	**Immediate Supervisor**
Department:	FT: PT:	**Hrs/wk:**	**Start Salary:** **End Salary:**
Duties:			
Reason for Leaving:			**May we contact this employer?** Yes No
Please explain any gaps in your employment history			
Have you ever been discharged or asked to resign from a position? Yes ☐ No **If yes, please explain**			
Please describe any additional relevant work experience			

REFERENCES

Please list three professional references.

Name	**Relationship**
Company	**Phone**
Email Address	**Years Known**
Name	**Relationship**
Company	**Phone**
Email Address	**Years Known**
Name	**Relationship**
Company	**Phone**
Email Address	**Years Known**

APPLICANT CERTIFICATION AND AGREEMENT

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize janichealthcs@gmail.com to verify their accuracy and to obtain reference information on my work performance. I hereby release Janichealthcs@gmail.com from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Janichealthcs@gmail.com However, I further understand that neither the policies, rules, regulations of employment, or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Applicant Signature **Date**