

Employment Application

Hometown Manor OFFICIAL USE ONLY	
Hire date: / /	Training due date (90 days from hire): / /
Hire rate: \$	Background check due date (7 days from hire): / /

Basic Information

TODAY'S DATE: _____

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____ Zip _____

Phone # (_____) _____ Email Address _____

Social Security # _____ DOB ____/____/____ Desired wage \$ _____ *per hr.*

U.S. Citizen? *YES NO* Eligible to work in the U.S.? *YES NO* Felony convictions? *YES NO*

Have you lived outside of Kentucky in the last 3 years? *YES NO*

Education History

High School _____ City _____ State _____

Graduate? *YES NO* (circle) If YES, what year? _____ If NO, GED? *YES NO* (circle)

College _____ City _____ State _____

Graduate? *YES NO* (circle) If YES, what year? _____ If NO, # of yrs completed: _____

Previous Employment

1) Company _____ Position _____

City _____ State _____ Pay Rate _____

Supervisor _____ Phone # (_____) _____ From _____ to _____

May we contact employer? *YES NO* (circle) Reason for Leaving? _____

2) Company _____ Position _____

City _____ State _____ Pay Rate _____

Supervisor _____ Phone # (_____) _____ From _____ to _____

May we contact employer? *YES NO* (circle) Reason for Leaving? _____

3) Company _____ Position _____

City _____ State _____ Pay Rate _____

Supervisor _____ Phone # (_____) _____ From _____ to _____

May we contact employer? *YES NO* (circle) Reason for Leaving? _____

Employment Application

Hour of Availability (*business open 24 hours daily):

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Questionnaire:

- 1) If hired by Hometown Manor, a criminal background check will be conducted. Do you have any felony convictions or other charges which you would like to explain?

- 2) Please explain **2 reasons** why you enjoy working with the elderly?

- 3) This job requires cooking high quality home-cooked meals.
 - a) Have you ever cooked for a large group before? Where?

 - b) What is the best meal you are able to cook? How do you prepare it?

- 4) At Hometown Manor, we pride ourselves on high quality service to others. Please give an example of a time that you went above and beyond to help someone in need.

- 5) Please explain how you would resolve the following: During your shift you notice that the previous shift did not complete all of the tasks that they were responsible for.

- 6) Please explain how you would handle the following: You overhear 2 employees gossiping about a fellow co-worker or resident.

- 7) Please explain how you would handle the following: Two residents with dementia are disputing.

- 8) Please explain how you would handle the following: A resident has fallen and is unconscious.

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REPORTABLE DISEASES / CONDITIONS IN KENTUCKY Department for Public Health, Cabinet for Health Services

902 KAR 2:020 require health professionals report the following diseases to the local health department serving the jurisdiction in which the patient resides or to the Department for Public Health.

I. REPORTING REQUIRED WITHIN 24 HOURS – By telephone or fax

Anthrax	Encephalitis, West Nile	Rabies, animal
Botulism	<i>Haemophilus influenzae</i>	Rabies, human
Brucellosis	invasive disease	Rubella
Campylobacteriosis	Hansen’s disease	Rubella syndrome, congenital
Cholera		
COVID-19	Hantavirus infection	Salmonellosis
Cryptosporidiosis	Hepatitis A	Shigellosis
Diphtheria	Listeriosis	Syphilis, primary, secondary, early latent or congenital
<i>E.coli</i> O 157:H7	Measles	
<i>E. coli</i> , shiga toxin positive	Meningococcal infections	Tetanus
Encephalitis, California group	Pertussis	Tularemia
Encephalitis, Eastern equine	Plague	Typhoid Fever
Encephalitis, St. Louis	Poliomyelitis	Vibrio parahaemolyticus
Encephalitis, Venezuelan Equine	Psittacosis	Vibrio vulnificus
Encephalitis, Western Equine	Q Fever	Yellow Fever

II. REPORTING REQUIRED WITHIN 1 BUSINESS DAY – By telephone or fax

Foodborne outbreak	Hepatitis B, acute	Toxic shock syndrome
Hepatitis B infection in a pregnant woman or child born in or after 1992	Mumps	Tuberculosis
	Streptococcal disease	Waterborne disease
	Invasive, Group A	

III. REPORTING REQUIRED WITHIN 5 BUSINESS DAYS

** AIDS	** HIV infection	Rocky Mountain spotted fever
Chancroid	Lead poisoning	Streptococcus pneumoniae, drug-resistant invasive disease
<i>Chlamydia trachomatis</i> Infection	Legionellosis	
Ehrlichiosis	Lyme disease	Syphilis, other than primary secondary, early latent or congenital
Gonorrhea	Lymphogranuloma venereum	
Granuloma inguinale	Malaria	Toxoplasmosis
Hepatitis C, acute	Rabies, post exposure prophylaxis	
Histoplasmosis		

IV. REPORTING REQUIRED BY LABORATORIES

Diseases listed above with the respective times and **weekly** reporting for **influenza virus isolates**. Upon request by the Department for Public Health, a clinical laboratory within a hospital shall report isolates and the antimicrobial resistance patterns of the isolates.

V. REPORTING REQUIRED WITHIN 3 MONTHS

Asbestosis	Coal Worker’s pneumoconiosis	Silicosis
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VI. REPORTING OUTBREAKS OR USUAL PUBLIC HEALTH OCCURENCES

Unusual public health occurrences should be reported promptly, with foodborne or waterborne infections or intoxications being reported within **1 business day**.

VII. REPORTS OF ANIMAL BITES shall be reported to the local health department within 12 hours in accordance with KRS 258.065

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Communicable Disease – Employment Policy

It is the policy of Hometown Manor to protect its clients and staff from contracting a communicable disease from an outside source. Therefore, no staff member who has an active communicable disease that is reportable to the Department for Public Health shall be permitted to work at Hometown Manor if the staff member is a danger to the clients or other staff (902 KAR 2:020).

If a staff member has been diagnosed with an active communicable disease that is reportable to the Department for Public Health is a danger to the clients or other staff, the staff member will **NOT** be permitted to work until the diagnosing doctor releases the staff member from their care and /or the staff member presents a return to work slip.

A list of communicable disease as issued by the Dept. for Public Health is on the previous page.

I have read and understand the communicable disease policy of Hometown Manor.

Signature _____ Printed Name _____ Date _____

Criminal Record Check – Employment Policy

STATE LAW REQUIRES THAT A CRIMINAL RECORD CHECK MUST BE COMPLETED AS A CONDITION OF EMPLOYMENT(KRS 216.793).

Last Name _____ First Name _____ MI _____

Address **on Driver's License** _____

City _____ State _____ Zip _____

Driver's License Number _____

Social Security # _____ DOB ____/____/____

I understand that a criminal background check will be conducted and I do hereby grant Hometown Manor permission to conduct a check. I understand that the results of the background check may disqualify me from employment. I understand that provide inaccurate information may disqualify me from employment.

Signature _____ Printed Name _____ Date _____