



Caregiver Pre- Screening

HOME HEALTH CARE

Date _____

Applicant Name _____ Phone # _____

Address _____

Work Experience

Who do you currently work for? _____ From _____ To _____

What is your job title? _____

What are your responsibilities? _____

Who have you worked for in the past? _____

What was your job title? _____

What were your job responsibilities? _____

What are your favorite things to do at work? _____

What would you like to do? _____ And where? _____

Current License/Certificate RN LPN HHA CNA Other _____

How did you hear about Matrix Home Care: Newspaper Ad Yellow Pages Friend Recruitment Fair

Other _____

Co-Worker (Name) _____

Review the position criteria with applicant to determine if they meet minimum eligibility qualifications. If eligible, invite them to complete an application form and review the list of items in application requirements section. If not eligible, explain the criteria not met and that this information will be kept on file for three (3) months.

Application Requirements

In order to complete an application, you will need:

Copies of Current Licenses and/or Certificates

Statement of Health

Name, address & phone numbers of previous employers, schools and professional references

CPR Certification

Documentation of completion for any specialized Home Health Care/Supplemental Staffing in-service training courses

Alzheimer's Training

Comments: _____

A Helping Hand Representative _____ Date _____