



**ROYAL COMFORT HOME CARE INC**



**"Diligent and Compassionate Care Without Exceptions"**

**280 MERRIMACK STREET STE 530**

**LAWRENCE MA 01843**

**TEL: 978 688 6917, 978 258 1626**

**FAX: 978 686-2387, 978 655 4335**

[WWW.ROYALCOMFORTHOMECARE.COM](http://WWW.ROYALCOMFORTHOMECARE.COM)

EMAIL: [INFO@ROYALCOMFORTHOMECARE.COM](mailto:INFO@ROYALCOMFORTHOMECARE.COM)

[HRPORTAL@ROYALCOMFORTHOMECARE.COM](mailto:HRPORTAL@ROYALCOMFORTHOMECARE.COM)

MANILA FOLDER

MLF



Hello,

Welcome to Royal Comfort Home care Inc!

Having a well-trained and committed workforce that rely on Team Approach is ONE of the key elements for success. The Management Team of Royal Comfort Home Care Inc has steadily performed well, and the company has stood the test of time and challenges; and continue to do better and better, reaching new milestone with each passing time.

Even with the current COVID-19 Pandemic, Royal Comfort Home Care Inc remains on solid performance trajectory.

By submitting your application properly, you are just taking the first step. Submitting the initial part of the application or completing the whole, will not guarantee any offer or placement. The Select few with suitable background and experience, with all the required paperwork will be contacted.

This initial application is just one part of the application package, there is more application paperwork to be completed.

Please pay attention to the documents required as part of the HR application. And these documents need updates throughout the employment period if successfully hired.

Sincerely,  
Team,  
Royal Comfort Home Care Inc

---



| <b>DOCUMENTS NEEDED FOR HIRE</b>                         |   |  |
|--|---|--|
| <b>1</b>   | Identification: Driver's license (current), ID Card                 |  |
| <b>2</b>   | Car Registration (showing insured status, car Insurance)            |  |
| <b>3</b>   | Social Security Card  |  |
| <b>4</b>   | 2 <sup>nd</sup> Form of Identification                              |  |
| <b>5</b>   | CPR/1 <sup>st</sup> Aide Training Certificate                       |  |
| <b>6</b>   | CNA Certificate; HHA Training Certificate, SHCA Certificate         |  |
| <b>7</b>   | Current copy of professional license [Nursing, Therapy Services     |  |
| <b>8</b>   | Diploma/Transcript Certificate                                      |  |
| <b>9</b>   | Written Resume'   |  |
| <b>10</b>  | PPD within 1 year, TB Blood Test, Chest x-ray Result for TB         |  |
| <b>11</b>  | Physical Examination Report, Work Clearance (less than a year)      |  |
| <b>12</b>  | Vaccination Report, COVID-19 Vaccine Report                         |  |
| <b>13</b>  | Immigration Documents if applicable (Green Card, Work Permit, etc.) |  |
| <b>14</b>  | Voided Check, Direct Deposit Slip Form (Current Banking information |  |
|  |   |  |
| <b>15</b>  | CORI Check Returned   |  |
| <b>16</b>  | OIG/SAM Check   |  |
| <b>17</b>  | Nurse Aide Registry Check   |  |
| <b>18</b>  | License Check   |  |
|  |   |  |
| <b>Tests to be completed with a passing score of 75%</b> |   |  |
|  | HHA Exam  |  |
|  | Med/Surg exam   |  |
|  |   |  |
|  | Skills Checklist on Hire or with First Visit                        |  |
|  |   |  |
|  | In-Service Training   |  |
|  |   |  |



|  |   |  |  |
|--|---|--|--|
| By submitting this initial application paperwork together with |   |  |  |
| the required documents:  |   |  |  |
| 1  | I am consenting to all necessary background checks to be done in my name        |  |  |
| 2  | I am providing True and Correct Statements, and Documents                       |  |  |
| 3  | I am agreeing to the terms and conditions of the application and hiring process |  |  |
| 4  | And that, I will be able to complete the REST of THE APPLICATION, if Contacted  |  |  |
|  |   |  |  |
| Name   |   |  |  |
| Signature  |   |  |  |
| Date   |   |  |  |
|  |   |  |  |



Since you have decided to proceed with the application,  
Please enter the following information:

|                              |  |  |  |
|------------------------------|--|--|--|
| First Name                   |  |  |  |
| Last Name                    |  |  |  |
| Full Name [First, Last]      |  |  |  |
| Date of Birth                |  |  |  |
| Gender                       |  |  |  |
| INITIALS                     |  |  |  |
| Signature [First, Last Name] |  |  |  |
| Today's Date                 |  |  |  |
|                              |  |  |  |



## Employment Application

|                              |      |                          |        |                       |                    |  |  |
|------------------------------|------|--------------------------|--------|-----------------------|--------------------|--|--|
| Date of Application          |      |                          |        | Date of Availability  |                    |  |  |
| Position Applying for:       |      |                          |        |                       | Desired Employment |  |  |
| <input type="radio"/>        | HHA  | <input type="radio"/>    | RN     | <input type="radio"/> | Per Diem           |  |  |
| <input type="radio"/>        | CNA  | <input type="checkbox"/> | Others | <input type="radio"/> | Part-Time          |  |  |
| <input type="radio"/>        | LPN  |                          |        | <input type="radio"/> | Full-Time          |  |  |
|                              |      |                          |        |                       |                    |  |  |
| Last Name                    |      |                          |        | First Name            |                    |  |  |
| Mailing Address              |      |                          |        |                       |                    |  |  |
|                              | City |                          | State  |                       | Zip code           |  |  |
| Cell Number                  |      |                          |        | Home Number           |                    |  |  |
|                              |      |                          |        | Work Number           |                    |  |  |
| Date of Birth                |      |                          | Gender |                       | SSN                |  |  |
| Email Address                |      |                          |        |                       |                    |  |  |
| Languages other than English |      |                          |        |                       |                    |  |  |
|                              |      |                          |        |                       |                    |  |  |

|   |                                       |  |  |                       |     |                       |    |
|---|---------------------------------------|--|--|-----------------------|-----|-----------------------|----|
| Have you ever worked for Royal Comfort Home Care Inc? |                                       |  |  | <input type="radio"/> | Yes | <input type="radio"/> | No |
| If yes, when:   |                                       |  |  |                       |     |                       |    |
| Are you legally eligible to work in the USA?          |                                       |  |  | <input type="radio"/> | Yes | <input type="radio"/> | No |
| If not a citizen,                                     | Do You have a Green Card?             |  |  | <input type="radio"/> | Yes | <input type="radio"/> | No |
|   | Do you have a Work Permit?            |  |  | <input type="radio"/> | Yes | <input type="radio"/> | No |
|   | Do you have a Social Security Number? |  |  | <input type="radio"/> | Yes | <input type="radio"/> | No |

**REFERRAL INFORMATION:**

|   |                        |                 |
|---|------------------------|-----------------|
| How did you hear about Royal Comfort Home Care Inc? |                        |                 |
| <input type="checkbox"/>                            | Internet(website)      |                 |
| <input type="checkbox"/>                            | Newspaper/TV/Radio Add |                 |
| <input type="checkbox"/>                            | Promotional Item       |                 |
| <input type="checkbox"/>                            | Current employee       |                 |
| <input type="checkbox"/>                            | Others                 | Please Specify: |

**EMERGENCY CONTACT:**

|   |             |      |  |             |              |          |  |
|---|-------------|------|--|-------------|--------------|----------|--|
| 1 | Name        |      |  |             | Relationship |          |  |
|   | Address     |      |  |             |              |          |  |
|   |             | City |  | State       |              | Zip code |  |
|   | Cell Number |      |  | Home Number |              |          |  |
|   |             |      |  | Work Number |              |          |  |
|   |             |      |  |             |              |          |  |
| 2 | Name        |      |  |             | Relationship |          |  |
|   | Address     |      |  |             |              |          |  |
|   |             | City |  | State       |              | Zip code |  |
|   | Cell Number |      |  | Home number |              |          |  |
|   |             |      |  | Work Number |              |          |  |


**EMPLOYMENT HISTORY** - Please begin with your **most recent** or current place of employment.

|                     |      |  |       |  |                   |  |
|---------------------|------|--|-------|--|-------------------|--|
| Place of Employment |      |  |       |  |                   |  |
| Address             |      |  |       |  |                   |  |
|                     | City |  | State |  | Zip Code          |  |
| Start Date          |      |  |       |  | End Date          |  |
| Role                |      |  |       |  | Phone Number      |  |
| Supervisor Name     |      |  |       |  | Supervisor Number |  |
| Reason for Leaving  |      |  |       |  |                   |  |

|                     |      |  |       |  |                   |  |
|---------------------|------|--|-------|--|-------------------|--|
| Place of Employment |      |  |       |  |                   |  |
| Address             |      |  |       |  |                   |  |
|                     | City |  | State |  | Zip Code          |  |
| Start Date          |      |  |       |  | End Date          |  |
| Role                |      |  |       |  | Phone Number      |  |
| Supervisor Name     |      |  |       |  | Supervisor Number |  |
| Reason for Leaving  |      |  |       |  |                   |  |

|                     |      |  |       |  |                   |  |
|---------------------|------|--|-------|--|-------------------|--|
| Place of Employment |      |  |       |  |                   |  |
| Address             |      |  |       |  |                   |  |
|                     | City |  | State |  | Zip Code          |  |
| Start Date          |      |  |       |  | End Date          |  |
| Role                |      |  |       |  | Phone Number      |  |
| Supervisor Name     |      |  |       |  | Supervisor Number |  |
| Reason for Leaving  |      |  |       |  |                   |  |






---

Royal Comfort Home Care Inc is 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, sex orientation, age, national origin, handicap, or military status.

---

### EDUCATION/TRAINING:

|                    |                            |  |                |  |          |
|--------------------|----------------------------|--|----------------|--|----------|
| Name of the School |                            |  |                |  |          |
| Address            |                            |  |                |  |          |
|                    | City                       |  | State          |  | Zip Code |
|                    | Course of Study            |  | Years Attended |  |          |
|                    | Certificate/Degree Awarded |  |                |  |          |
|                    |                            |  |                |  |          |
| Name of the School |                            |  |                |  |          |
| Address            |                            |  |                |  |          |
|                    | City                       |  | State          |  | Zip Code |
|                    | Course of Study            |  | Years Attended |  |          |
|                    | Certificate/Degree Awarded |  |                |  |          |

### MILITARY SERVICE

|                            |              |  |                      |
|----------------------------|--------------|--|----------------------|
| Branch of Service          |              |  |                      |
|                            | Years Served |  | Last year of service |
|                            | Highest Rank |  |                      |
| Special Training/Education |              |  |                      |

---



**Criminal History-** By my signature below, I acknowledge/consent to a criminal background

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.

Applicant Signature

Date

**Conditions of Hire [Attestation]**

Royal Comfort Home Care Inc sincerely appreciates your interest in the company to become an employee. Your hire depends upon a clean CORI, MEDICARE/MEDICAID FRAUD CHECK among other things.

If you believe that your background check (CORI, MEDICARE/MEDICAID FRAUD) will come back without hiring problems, please sign below and you will be contacted.

I,

Understand that MY HIRING AT ROYAL COMFORT HOME CARE INC is CONTINGENT UPON A CLEAN CORI, MEDICARE/MEDICAID FRAUD CHECK BEING RETURNED. If it comes back with any problems, I acknowledge my agreement not to be contacted.

|                     |  |      |  |
|---------------------|--|------|--|
| Applicant signature |  | Date |  |
|---------------------|--|------|--|


**Reference -1 of 2** ((Please provide **reference name and contact information** to verify about you))

|  |              |          |  |
|--|--------------|----------|--|
| Company/Reference Name   |              | Address  |  |
| City   | State        | Zip ode  |  |
| Contact name/Tittle  | Phone Number |          |  |
| The individual listed below has applied for a position with Royal Comfort Home Care Inc  |              |          |  |
| Last Name  | First Name   | Initials |  |
| DOB  | SSN          | Gender   |  |
| Position being applied for<br><b>Applicant's Authorization to Release Information</b><br>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 Signature  |              | Date     |  |

**THIS SECTION IS TO BE FILLED BY PERSON COMLETING THIS REFERRAL**  
**[OFFICIAL] RELEASE OF INFORMATION**

|   |                           |                          |                       |
|---|---------------------------|--------------------------|-----------------------|
| Employment Date   | From                      | To                       | Position              |
| Reason for separation   |                           |                          |                       |
| Rehire?   | <input type="radio"/> Yes | <input type="radio"/> No | Why, if No            |
| 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. |                           |                          |                       |
| <b>EVALUATION</b>   | <b>EXCELLENT</b>          | <b>GOOD</b>              | <b>AVERAGE</b>        |
| Attendance  | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Quality of work   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Integrity   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Cooperation   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Dependability   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Appearance  | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Stability   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Overall Rating  | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Comments  |                           |                          |                       |
| Reference Name  | Tittle                    | Date                     |                       |

Royal Comfort Home Care Inc

280 Merrimack ST, Lawrence MA 01843 Tel: 978 688 6917 / 978 258 1626

Fax: 978 686 2387 / 978 655 4335


**Reference -2 of 2** ((Please provide **reference name and contact information** to verify about you)

|  |              |          |  |
|--|--------------|----------|--|
| Company/Reference Name   |              | Address  |  |
| City   | State        | Zip ode  |  |
| Contact name/Tittle  | Phone Number |          |  |
| The individual listed below has applied for a position with Royal Comfort Home Care Inc  |              |          |  |
| Last Name  | First Name   | Initials |  |
| DOB  | SSN          | Gender   |  |
| Position being applied for<br><b>Applicant's Authorization to Release Information</b><br>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 Signature  |              | Date     |  |

**THIS SECTION IS TO BE FILLED BY PERSON COMLETING THIS REFERRAL**  
**[OFFICIAL] RELEASE OF INFORMATION**

|   |                           |                          |                       |
|---|---------------------------|--------------------------|-----------------------|
| Employment Date   | From                      | To                       | Position              |
| Reason for separation   |                           |                          |                       |
| Rehire?   | <input type="radio"/> Yes | <input type="radio"/> No | Why, if No            |
| 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. |                           |                          |                       |
| <b>EVALUATION</b>   | <b>EXCELLENT</b>          | <b>GOOD</b>              | <b>AVERAGE</b>        |
| Attendance  | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Quality of work   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Integrity   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Cooperation   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Dependability   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Appearance  | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Stability   | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Overall Rating  | <input type="radio"/>     | <input type="radio"/>    | <input type="radio"/> |
| Comments  |                           |                          |                       |
|   |                           |                          |                       |
| Reference Name  | Tittle                    | Date                     |                       |

Royal Comfort Home Care Inc

280 Merrimack ST, Lawrence MA 01843 Tel: 978 688 6917 / 978 258 1626

Fax: 978 686 2387 / 978 655 4335



For a potential applicant to be considered for employment , all necessary paperwork has to be submitted and the remaining part of the application has to be completed in full.  
Two separate refereneces must be furnished as well , pages 12-13.

1. Copying, downloading and editing this paperwork is prohibited unless it is for the intended purpose of Initial job application with Royal Comfort Home Care Inc
2. All Red Highlighted areas [ ] must be filled before submitting.
3. That you are consenting to all the terms and conditions.
4. That the applicant, , is attesting that all the provided information is true and correct.