



CONDITIONS OF EMPLOYMENT

Thank you for your interest in seeking employment with PrimeCare. To be considered for employment you must...

- Have a smart phone or tablet for clocking in/out of work and receive updated schedule and client information
- Submit to a criminal background/fingerprinting (*no felonies, assault/battery, drugs, or theft*) obtained through GCHEXS.
- Have your own dependable transportation
- Have proof of auto insurance and a current Georgia Driver's License
- Complete the required training for Personal Support Aide or provide current licensure in Georgia for CNA
- Be able to read and write to accurately fill out required documentation
- Be physically able to perform lifting, stooping, and bending
- Agree to and pass a drug screen upon hire and random screenings after employment
- Agree to be hired on a 90-day probationary period for PrimeCare Nursing to assess your performance, attendance, and skills.

If you are willing to meet the above requirements if offered employment, please sign below and continue with the application process.

Applicant Signature

Date



Application for Employment

Instructions: Please PRINT. Answer all sections completely. Applications will remain active for 6 months

Date of Application: _____ Email Address: _____

Name: _____ SSN: _____
First Last Middle Initial

Current Address: _____ / _____ How long? _____
Street address Mailing address if different

City State Zip

Phone: (____) _____ Alternate Phone: (____) _____

Position Applying For: ☐ Personal Support Aide/CNA ☐ Nurse (RN/LPN) ☐ Office Staff

FOR THIS TYPE OF EMPLOYMENT STATE LAW REQUIRES A NATIONAL AND STATE BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT.

Aide positions are considered part-time & on an as needed basis. We do try however to give as many hours as we can based on our client needs. We do not guarantee a certain number of hours.

Are you seeking: ☐ Full time ☐ Part time ☐ PRN Date available for work: _____
Have you ever been employed here before? Yes ___ No ___ If so, what dates: _____
Did you work a notice when you left? Yes ___ No ___ If not, why? _____
Do you have friends/family currently employed with PrimeCare? Yes ___ No ___ If yes, who? _____
Do you have friends/family currently receiving services with PrimeCare? Yes ___ No ___ If yes, who? _____
Do you have a legal right to be employed in the U.S.? Yes ___ No ___ What languages can you speak? _____
Have you lived in any other states? Yes ___ No ___ If so, list states: _____
Are you at least 18 years of age? Yes ___ No ___ Have you ever been convicted of a felony? Yes ___ No ___
Are you currently employed? Yes ___ No ___ Have you ever failed a work-related drug test? Yes ___ No ___
Have you ever tested positive for TB? Yes ___ No ___ If yes, were chest x-rays taken? Yes ___ No ___

Certified Nursing Aide (CNA) Course:

Do you have current CAN Certification? Yes ___ No ___ Are you certified in the state of Georgia? Yes ___ No ___
Are you certified in any other states? Yes ___ No ___ If yes, which ones? _____
Name & location of CNA school: _____ Graduation year: _____



EDUCATIONAL HISTORY

Type of School	Name of School, City, State	Check Last Year Finished	Degree or Certificate
High School / GED		9- ☐ 10- ☐ 11- ☐ 12- ☐ Graduated or GED? ☐ Yes ☐ No	
College or Technical School		1- ☐ 2- ☐ 3- ☐ 4- ☐ Graduated? ☐ Yes ☐ No	
Graduate School		1- ☐ 2- ☐ 3- ☐ 4- ☐ Graduated? ☐ Yes ☐ No	

Employment History		Provide at least 5 years of employment history, including any periods of unemployment.		Fill out completely	
Current or Most Recent Job	From Mo. Yr.	To Mo. Yr.	Company:	Phone Number w/ Area Code	Immediate Supervisor:
	Salary: \$		Address/State:	May we contact them? ☐ Yes ☐ No	Last name while employed:
	Job Title		Other reference with this employer:		Reason for Leaving: Did you work a notice? Yes No
	Nature of Duties:				
Explain any gaps in employment history between this job and your last job or comments:					



1st Previous Job	From		To		Company:	Phone Number w/ Area Code	Immediate Supervisor:
	Mo.	Yr.	Mo.	Yr.			
	Salary:				Address/State:	May we contact them? ☐ Yes ☐ No	Last name while employed:
	\$						
Job Title					Other reference with this employer:	Reason for Leaving:	
Nature of Duties:							
					Did you work a notice? Yes No		

Explain any gaps in employment history between this job and your last job or comments:

2nd Previous Job	From		To		Company:	Phone Number w/ Area Code	Immediate Supervisor:
	Mo.	Yr.	Mo.	Yr.			
	Salary:				Address/State:	May we contact them? ☐ Yes ☐ No	Last name while employed:
	\$						
Job Title					Other reference with this employer:	Reason for Leaving:	
Nature of Duties:							
					Did you work a notice? Yes No		

Explain any gaps in employment history between this job and your last job or comments:



3rd Previous Job	From		To		Company:	Phone Number w/ Area Code	Immediate Supervisor:	
	Mo.	Yr.	Mo.	Yr.				
	Salary:				Address/State:		May we contact them?	Last name while employed:
	\$						☐ Yes ☐ No	
	Job Title				Other reference with this employer:		Reason for Leaving:	
	Nature of Duties:							
							Did you work a notice? Yes No	

Explain any gaps in employment history between this job and your last job or comments:

4th Previous Job	From		To		Company:	Phone Number w/ Area Code	Immediate Supervisor:	
	Mo.	Yr.	Mo.	Yr.				
	Salary:				Address/State:		May we contact them?	Last name while employed:
	\$						☐ Yes ☐ No	
	Job Title				Other reference with this employer:		Reason for Leaving:	
	Nature of Duties:							
							Did you work a notice? Yes No	

Explain any gaps in employment history between this job and your last job or comments:



Professional / Personal References (Other than Relatives) Give at least two references who have knowledge of your work

Name	Position	Address (include City/State)	Phone – Work / Home	Years Known
1.				
2.				
3.				
4.				

Certification of Applicant

- By signing my name below, I certify that the information in this application is true and complete for all practical purposes. It may be verified by PrimeCare. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that PrimeCare is relieved of all commitments, financial or otherwise to unemployment, and that I am subject to immediate discharge without recourse.
- I understand and agree that any employee handbook which I may receive will not constitute an employment contract but will be merely a gratuitous statement of PrimeCare Policies. All field aides are hired as part-time employees. Scheduled number of hours may vary week to week due to client case load.
- I understand that PrimeCare reserves the right to require its employees to submit to blood tests or urinalyses for alcohol or drug screens, or to allow inspection of bags (including purses or briefcases) or parcels brought into or taken out of the PrimeCare office. I understand that refusal to submit to a urinalysis, blood test or search, when requested to do so, may result in termination of my employment.
- Compliance with PrimeCare's Substance Abuse Policy is a condition of employment. We require that every newly hired employee be free of alcohol or drug abuse. Each offer of employment is contingent upon successfully completing a urinalysis test/screen for alcohol and drugs in accordance with PrimeCare's policy.
- **Release:** I hereby authorize any prior employers to provide such information concerning my employment history with them as may be requested and authorize the Registrar / Placement Office of all educational institutions attended to release an official copy of my transcript. I also authorize any appropriate licensing board to release full information concerning my licensure status and my licensure history.

Statement of Denial: I certify that I have *never* been shown by any credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of my intentional or grossly negligent misconduct.

Applicant Initials: _____

I understand that any employment relationship with this employer is "at will", which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause.

I have read all the above and understand these conditions of employment.

Applicant Signature

Date



APPLICATION ATTACHMENT

Please fill this form out completely. If you are hired, this form becomes part of the schedule building process and is removed from the application.

PERSONAL:

Name: _____ County: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Alt Phone #: _____

Email: _____

WORK AREA:

If accepted for employment, I will work in the following counties: *Check as many as apply.*

☐ BARTOW ☐ CARROLL ☐ CATOOSA ☐ CHATTOOGA ☐ CHEROKEE ☐ COBB ☐ DADE ☐ FANNIN ☐ FLOYD
☐ GILMER ☐ GORDON ☐ HARALSON ☐ MURRAY ☐ PAULDING ☐ PICKENS ☐ POLK ☐ WALKER ☐ WHITFIELD

AVAILABILITY:

Please fill in the earliest available start time for each day and the time you must be off each day. If there is a day you are not available at all, please check the "Not Available" box.

MONDAY: Available Start Time _____ End Time _____ Not Available ☐

TUESDAY: Available Start Time _____ End Time _____ Not Available ☐

WEDNESDAY: Available Start Time _____ End Time _____ Not Available ☐

THURSDAY: Available Start Time _____ End Time _____ Not Available ☐

FRIDAY: Available Start Time _____ End Time _____ Not Available ☐

SATURDAY: Available Start Time _____ End Time _____ Not Available ☐

SUNDAY: Available Start Time _____ End Time _____ Not Available ☐

Maximum number of hours desired each week? _____ Minimum number hours desired each week? _____

Do you smoke? YES ___ NO ___ Are you allergic to animals or cigarette smoke? YES ___ NO ___

Please explain _____

Are there any restrictions as to the days and hours you cannot work? YES ___ NO ___

Please explain _____

Please list any dates within your first 90-days of employment that you will need off for medical appointments, vacation, etc.

Applicant Signature

Date