Grace & Mercy Home Healthcare, LLC

1670 Springdale Drive, Suite 11-A Box 133
Camden, SC 29020

Office: (803) 310-5280 Toll Free: (844) 327-1982 Fax: (803) 572-4318 / (803) 729-4011

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment with Grace & Mercy Home Healthcare, LLC. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated fairly throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Qualified applicants must pass a SLED background check and drug test prior to employment. If you have ever had a worker's compensation case against an employer for personal injury, you must present written verification, from your physician, stating you are 100% cleared to return to work. _____ INITIAL

If employed the following items MUST be provided to Grace & Mercy Home Healthcare:

Valid South Carolina Driver's License or ID (NOT Expired)

Social Security Card

Valid Proof Of Car Insurance (NOT Expired)

10 Year Driving Record

Any Relevant To The Position Applying For (ie. CPR, First Aide, etc)

Nursing License (If Applicable)

CNA Certification (If Applicable)

SLED Background Check (NOTE: We will NOT Hire Anyone With Pending Charges Or A History Of Felony Charges And/Or Convictions! ONLY EXCEPTION IS PER CLIENT REQUEST & SIGNED WAIVER).

Verifiable Character References (Not Relatives)

WE ONLY PAY VIA DIRECT DEPOSIT!! At The Time Of Employment, You MUST Provide YOUR Banking Information, From An ESTABLISHED BANK (ie. Bank Of America, Wells Fargo, BB&T, etc), Including The Routing And Account Number. A Voided Check or Direct Deposit Form From Your Bank Is Preferred.WE DO NOT ACCEPT CASH APP, GREEN DOT, OR PREPAID CARDS OF ANY KIND!!!!

Proof Of Healthcare (Blue Cross Blue Shield, Medicaid, Aetna)

Transportation is a NECESSITY to the position for which you are applying, unless you are residing in the home with the client.

Do you have a VALID driver's license / ID? □ YES □ NO

Do you have DEPENDABLE transportation? □ YES □ NO

Do you have insurance on your vehicle? (If yes, please provide a copy of your insurance card) □ YES □ NO

Do you have dependable communication such as a landline? □ YES □ NO

Do you have a cell phone (ie. Android, I Phone, or Smart Phone with a data plan)? □ YES □ NO

Do you have Medical Insurance Coverage? If yes, who do you have medical insurance through? □ YES _____ □ NO

Have you ever filed a workman's compensation case against an employer for personal injury? □ YES □ NO

If YES, please explain: _____

APPLICATION

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List all the names, nicknames, or aliases previously used: _____

How did you hear about Grace & Mercy Home Healthcare (Person Referred, Newspaper, etc) ? _____

NAME THAT IS ON YOUR SOCIAL SECURITY CARD (LEGAL NAME)

Do you have experience working with people who are confined to a wheelchair? □ YES □ NO

Do

Date:	First Name:	MI:	Last Name	
Prior Married / Maiden Name	Home Phone		Cell Phone	
Social Security #	Date of Birth		County	
Physical Address:	City		State	Zip Code
Mailing Address (If different than Physical Address)	City		State	Zip Code
Email Address	Driver License / ID #	State	Date Issued	Expiration Date
Emergency Contact Name	Emergency Contact Phone		Current Employer	
Have You Applied Here Before?	Previously Used Name		Date Of Previous Application	
Desired Salary:	Position Applying For □ RN □ LPN □ CNA □ PCA □ STAFF		Start Date	
RN / LPN License Number	Date Received		State Issued	

you have experience in client transfer? □ YES □ NO

Do you have experience working with Quadriplegics and the Bowel Program? □ YES □ NO

Do you know the correct way to empty a Catheter Bag? □ YES □ NO

If necessary, are you able and willing to cook for clients? □ YES □ NO

Are you willing to run errands? □ YES □ NO

Are you willing to perform light housekeeping duties? □ YES □ NO

AVAILABILITY							
	SUN	MON	TUES	WED	THURS	FRI	SAT
AM	Time	Time	Time	Time	Time	Time	Time
PM	Time	Time	Time	Time	Time	Time	Time

EDUCATION PLEASE FILL OUT COMPLETELY

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	Location	Years Attended	Did You Graduate
College			
Adult Education/Vocational			
Specialized Training/Licenses/Certifications			

Provide Copies Of Any Certifications

EMPLOYMENT

Most Recent 1st

PLEASE FILL OUT COMPLETELY

Name Of Employer	Start Date	End Date
Address	City/State	Zip Code
Immediate Supervisor	Phone Number 1	Phone Number 2
Position	Description Of Duties	
Are You Currently Employed? □ YES □ NO		
May We Contact? □ YES □ NO	Reason For Leaving	

Name Of Employer	Start Date	End Date
Address	City/State	Zip Code
Immediate Supervisor	Phone Number 1	Phone Number 2
Position	Description Of Duties	
Are You Currently Employed? □ YES □ NO		
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	Start Date	End Date
Address	City/State	Zip Code
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May We Contact? □ YES □ NO	Reason For Leaving	

PERSONAL REFERENCES

Name	Address	Phone Number	# Years Known

Other Relevant Work Experience (ie. Foreign Language, Additional Work Experience, Volunteer Work or Studies)

_____

_____

Are you a member of the Armed Services? □ YES □ NO

Do you have a mental or physical impairment? □ YES □ NO If YES, will your impairment hinder you from performing the essential duties of the position in which you are applying?

Are you willing to get a medical release from your physician listing any restrictions as related to the position? □ YES □ NO

If YES, are you willing to sign a release freeing Grace & Mercy Home Healthcare from all medical liability related to the medical release provided by your physician? □ YES □ NO

Have you ever been sanctioned by any licensing board or agency for abuse, fraud, or theft? □ YES □ NO

I understand that if hired I will be required to participate in a 10 hours of in-service training annually. _____ Initial

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information will be grounds for rejection of my application or termination of employment. _____ Initial

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Grace & Mercy Home Healthcare retains applications on file for 60 days. After 60 days, I understand that I will need to reapply in order to be considered for a position. _____ Initial

I understand, if employed, that Grace & Mercy Home Healthcare or I can terminate my employment at any time, for any reason, and with or without prior notice. _____ Initial

I understand that Grace & Mercy Home Healthcare, LLC is an equal opportunity employer. All applicants will be considered for employment without attention to race, color, religion, sex, sexual orientation, gender identity, national origin, veteran or disability status. _____ Initial

I authorize Grace & Mercy Home Healthcare to validate the information provided in this application for the sole purpose of employment and retention of employment. _____ Initial

Grace & Mercy Home Healthcare provides services for clients in ALL counties in South Carolina. Please initial below inside each county box you are willing to work.

Are you willing to work with-in a 50 mile radius of the counties you select? □ YES □ NO

Would you be willing to travel outside of your chosen area to fill-in as a substitute aide if needed? □ YES □ NO

If you are willing to do fill-in services, what is the MAXIMUM distance you would travel?

□ 50 - 75 mile radius □ 75 - 100 mile radius □ 100+ mile radius

PROVIDER SERVICE AREA

Abbeville	**Aiken**	**Allendale**	**Anderson**	**Bamberg**	**Barnwell**
Beaufort	**Berkley**	**Calhoun**	**Charleston**	**Cherokee**	**Chester**
Chesterfield	**Clarendon**	**Colleton**	**Darlington**	**Dillon**	**Dorchester**
Edgefield	**Fairfield**	**Florence**	**Georgetown**	**Greenville**	**Greenwood**
Hampton	**Horry**	**Jasper**	**Kershaw**	**Lancaster**	**Laurens**
Lee	**Lexington**	**McCormick**	**Marion**	**Marlboro**	**Newberry**
Oconee	**Orangeburg**	**Pickens**	**Richland**	**Saluda**	**Spartanburg**
Sumter	**Union**	**Williamsburg**	**York**		

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Thank you for your interest in Grace & Mercy Home Healthcare, LLC. Once you become a part of our team, you will be given an Employee Handbook. By signing below, I certify that the above information is true to the best of my knowledge.

Applicant Name (Please Print): _____

Applicant Signature: _____ **Date:** _____