

# REGENCY HEALTHCARE PRE-SCREENING INTERVIEW

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # (with area code): \_\_\_\_\_  
Please circle: CNA/PCA LPN RN

I heard about Regency from:

\_\_\_\_\_ Referred by \_\_\_\_\_ who works for Regency Home Healthcare  
\_\_\_\_\_ Newspaper, Name of newspaper \_\_\_\_\_  
\_\_\_\_\_ Regency Home Healthcare Website  
\_\_\_\_\_ Walk In

I am currently seeking (please circle): Fulltime  
Part time (circle 2 or 3 shifts per week)

My preferred shift is (circle): Days 8:00 a.m. to 4:00 p.m.  
PM's 4:00 p.m. to 12: a.m.  
Overnights 12:00 a.m. to 8:00 a.m.

If I were to be hired to take care of Regency clients, I would plan to work here for:  
\_\_\_\_\_ Months  
\_\_\_\_\_ Years

Please rate yourself on a scale of 1-10 in the area of accountability and timeliness (1 being not very accountable and punctual, 10 being extremely accountable and on-time):

Please circle: 1 2 3 4 5 6 7 8 9 10

If Regency were to contact my most recent Supervisor at my current job or the most recent company I worked for, how would the Supervisor would describe you ( 3 or 4 brief sentences):

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Please rate yourself on a scale of 1-10 in the area of honesty/integrity (1 being not always the most honest person, and often times my actions do not match my words, with 10 being completely and a totally honest person whose actions always match my words):

Please circle: 1 2 3 4 5 6 7 8 9 10

If called in for an interview and offered a position, I would be able to start working on:

Date: \_\_\_\_\_

**Inquiries from Potential Employees can expect to be contacted within 2 weeks of submitting this form.**

**Thank You!**

# REGENCY HOME HEALTHCARE SERVICES, LLC

## APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination in employment because of sex, race, creed, religion, national origin, age, handicap, marital status, status with regard to public assistance or veteran's employment. We are an equal opportunity employer.

**PERSONAL INFORMATION**

DATE \_\_\_\_\_ DOB: \_\_\_\_\_

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 LAST FIRST MIDDLE

PRESENT ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP

PERMANENT ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP

PHONE NO. \_\_\_\_\_ REFERRED BY \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_  
 NAME ADDRESS PHONE #

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC VIOLATIONS? Y  NO   
 IF YES, COMPLETE DISCLOSURE OF CRIMINAL CONVICTION INFORMATION FORM.

**EMPLOYMENT DESIRED**

POSITION  RN  LPN/LVN  HOMEMAKER  HOME HEALTH AIDE  STAFFING  CLERICAL  
 PERSONAL CARE ATTENDANT  OTHER

DO YOU HAVE CURRENT LICENSE FOR THIS POSITION? Y  NO  CURRENT CERTIFICATION? Y  NO

HAVE YOU PASSED COMPETENCY TESTING? Y  NO  DO YOU HAVE A CERTIFICATE? Y  NO

DO YOU HAVE A CURRENT DRIVERS LICENSE? Y  NO  CAR? YES  NO

ARE YOU EMPLOYED? \_\_\_\_\_ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

EVER APPLIED TO THIS COMPANY BEFORE? \_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

**EDUCATION**

NAME AND LOCATION OF SCHOOL	* YEARS ATTENDED	* DATE GRADUATED	DEGREE/CERTIFICATION
HIGH SCHOOL			
COLLEGE			
ADDITIONAL TRAINING			

**FORMER EMPLOYERS:**

(LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER SUPERVISOR'S NAME	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

**REFERENCES:**

GIVE BELOW THE NAMES OF THREE WORK RELATED REFERENCES

NAME	ADDRESS	COMPANY/POSITION	PHONE

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

I HEREBY AGREE THAT, AS A CONDITION OF EMPLOYMENT BY THE AGENCY, I WILL PROMPTLY INFORM THE AGENCY IN WRITING OF ANY CRIMINAL CONVICTIONS, IN ANY JURISDICTION (INCLUDING ALL PLEAS OF GUILTY), OTHER THAN MINOR TRAFFIC OFFENSES, OF WHICH I AM CONVICTED AFTER TODAY.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**I certify that I do not have an existing non-compete and not soliciting any other company at this time**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

**INTERVIEW ASSESSMENT SUMMARY**

PROFESSIONAL APPEARANCE: \_\_\_\_\_

STRENGTHS: \_\_\_\_\_

WEAKNESSES: \_\_\_\_\_

GENERAL COMMENTS: \_\_\_\_\_

RECOMMENDED ACTION: \_\_\_\_\_

INTERVIEWER: \_\_\_\_\_