



Infinity Healthcare Services, LLC
Job Application

Thank you for applying with us. Please complete the following forms in this packet.

1. APPLICATION
2. APPLICANT REFERENCE CHECK
3. RECEIPT OF JOB DESCRIPTION
4. HHA/CAN COMPETENCY TEST
5. DIRECT DEPOSIT FORM
6. W-4
7. I-9
8. SKILLS CHECKLIST
9. HHA SCOPE OF PRACTICE
10. CONFIDENTIALITY OF PROTECTED HEALTH INFORMATION
11. FIELD EMPLOYEE STANDARDS AND PROCEDURES
12. CONFIDENTIALITY OF CLIENT INFORMATION
13. ELECTRONIC DOCUMENTATION AND SIGNATURE AUTHENTICITY AGREEMENT
14. CORPORATE COMPLIANCE POLICY
15. REQUIRED HIPPA CONFIDENTIALITY AGREEMENT
16. CONFIDENTIALITY AND NON-COMPETITON AGREEMENT
17. STATEMENT OF GOOD HEALTH
18. HEALTH STATEMENT
19. HEPATITIS VACCINE REQUIREMENT
20. TB TARGETED MEDICAL QUESTIONNAIRE FORM
21. CRIMINAL BACKGROUND CHECK (\$10.00) THIS CAN BE DONE AT THE PRIVACY OF YOUR OWN PC OR IN THE OFFICE.

WEBSITE: <https://epatch.state.pa.us>

PLEASE PROVIDE THE INFORMATION BELOW FOR YOUR FILE

1) MUST HAVE ITEMS BEFORE INTERVIEW AND HIRE

- SOCIAL SECURITY CARD **(Required)***
- DRIVERS LICENSE OR STATE ID **(Required)***
- HEALTH PHYSICAL **(Required)*(Within the Last Year)**
- 2 STEP PPD or Chest X-Ray **(Required)***
- CRIMINAL BACKGROUND CHECK FOR PA RESIDENTS & FEDERAL FINGERPRINT & BACKGROUND FOR NJ RESIDENTS **(Required)***
- Resume **(Required)***
- CPR CARD
- AUTO INSURANCE CARD
- HHA, CNA, PCA CERTIFICATION



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Personal Information

Name: Full Address:

City: State:

Zip: Date of Birth

Years at this address?: Phone number:

Email: Do you have a driver's license? :

Social Security Number:

Driver's License Number: State Issued

Have you had any moving violations during the past three years? :

Is Yes How Many: What is your means of transportation to work? :

Are you at least 18 years of age?: Are you a citizen of the United States?:

If no, are you authorized to work in the U.S.?:

Have you ever been convicted of, pleaded guilty or no contest to, or received deferred adjudication for any felony misdemeanor, other than minor traffic or parking violations?:

If Yes, Explain:



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Availability

Date Available:

Have you ever worked for this company?:

If So When?:

Position Applied for:

Days Available for work::

Desired Hourly Rate?:

High School:

College Degree :

Previous Employment

Previous Company 1:

Full Address 1:

Phone 1:

Supervisor 1:

Job Title 1:

Starting Salary 1:

Ending Salary 1:

Date Started At This Company?
1:

Date Ended At This
Company? 1:

Responsibilities 1:

Reason for
Leaving 1:

May we contact your
previous supervisor for a
reference? 1:



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Previous Company 2:

Full Address 2:

Phone 2:

Supervisor 2:

Job Title 2:

Starting Salary 2:

Ending Salary 2:

Date Started At This Company? 2:

Date Ended At This Company? 2?:

Responsibilities 2:

Reason for Leaving 2:

May we contact your previous supervisor for a reference? 2:

Previous Company 3:

Full Address 3:

Phone 3:

Supervisor 3:

Job Title 3:

Starting Salary 3:

Ending Salary 3:

Date Started At This Company? 3:

Date Ended At This Company? 3:

Responsibilities 3:

Reason for

May we contact your



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Leaving 3:

previous supervisor for
a reference? 3:

Professional Licenses

Professional Licenses,
Certifications etc.:

Other Professional
Licenses?:

Do you speak any languages other than English?:

Emergency Contact

Name of person:

Phone..:

Address..:

Email..:

Relationship:



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Professional References

References 1 Name:

References

1 Phone:

References
1 Company:

References
1 Address:

References 1 Relationship:

References 2 Name:

References 2

Phone:

References 2
Company:

References 2
Address:

References 2 Relationship:

References 3
Name:

References

3 Phone:

References 3
Company:

References
3 Address:

References 3 Relationship:

Were you Ever in
the Military?:

If so What Branch
and Where?:

By Typing your Full NAME & DATE OF
BIRTH you agree to the Disclaimer Above: