



9040 Town Center Parkway Lakewood Ranch, FL 34202
941.487.3665 | www.rightaccordhealth.com

Applicant Questionnaire

APPLICANT NAME: _____ DATE: _____

MOBILE PHONE: _____ EMAIL: _____

The following questions are pertinent to certifications/licenses required to be working as a CNA / HHA. Please answer each question. You will also need to attach an up to date resume with this questionnaire in order to be considered for an interview with our Human Resources department.

#	Question	Response YES OR NO
1.	Are you a Florida CNA license? Provide expiration date. Do you have AHCA Criminal Background checks?	
2.	Are you a HHA? Provide date received and where you received the certification from.	
3.	Do you have up-to-date CPR certification? Provide expiration date	
4.	Do you have Medication Assistance Certification? Provide date.	
5.	Do you have HIV/AIDS Certification? Provide date.	
6.	Do you have Alzheimer's Certification? Provide date.	
7.	Are you legally authorized to work in the U.S.?	
8.	Have you ever been convicted of a crime? Do you require Disability Accommodation?	
9.	Have you undergone the state mandated Level II Background Screening? **Please Note: As mandated in the state of Florida, those working in Home Health Agencies must be 'eligible' to work according to the Level II Background Screening results.	
10.	Do you have an up-to-date health statement? Provide date obtained.	

	Are you currently under medical treatment?	
11.	This job may require you to run errands by automobile. Do you have a valid driver's license, insurance up to date and access to an automobile?	
12.	What is your availability? Please be specific in days and times.	
14.	Are you currently working for any other agencies and if so what are your consistent shifts?	

Please provide one **professional** references below:

_____	_____	_____
Name	Title	Phone
_____	_____	
Company	Company Address	

By signing below, I certify that the information contained in this questionnaire is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above.

_____	_____
Applicant Signature	Date

Office Use ONLY		
Interviewed By:	Date:	Time: