



GHHS EMPLOYMENT APPLICATION

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Email: HR@theGRANDhhs.com | Website: www.TheGRANDHHS.COM

1. Applicant Information

Full Legal Name: _____	Application Date: _____
Date of Birth: _____	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No (Required for all positions)
Phone: _____	Email: _____
Address: _____	City/State/ZIP: _____

2. Service Area and Position

Service Area (select one only): <input type="checkbox"/> Early Intervention (Ages 0-5) <input type="checkbox"/> Home Care <input type="checkbox"/> Home Health
Early Intervention: <input type="checkbox"/> PCA <input type="checkbox"/> Special Instructor (SI) <input type="checkbox"/> ABA PCA <input type="checkbox"/> Occupational Therapist (OT) <input type="checkbox"/> Physical Therapist (PT) <input type="checkbox"/> Speech Language Pathologist (SLP)
Home Care: <input type="checkbox"/> Caregiver <input type="checkbox"/> Licensed Practical Nurse (LPN) <input type="checkbox"/> Registered Nurse (RN)
Home Health: <input type="checkbox"/> Home Health Aide (HHA) <input type="checkbox"/> Certified Nursing Assistant (CNA) <input type="checkbox"/> Licensed Practical Nurse (LPN) <input type="checkbox"/> Registered Nurse(RN)

3. Personal Demographics and Work Authorization

Gender (Dropdown): _____	Race/Ethnicity (Optional Dropdown): _____
Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever worked for GHHS before? <input type="checkbox"/> Yes <input type="checkbox"/> No

4. Education, Certification, and License Status

High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year Completed: _____
Highest Education Level (Dropdown): _____	Degree/Major, if applicable: _____
Are you certified/licensed for the position selected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I currently hold active certifications relevant to the position I am applying for	Certification/License Type: _____
License/Certification Number: _____	State Issued: _____ Expiration Date: _____

5. Transportation, Work Area, and Availability

Valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Willing to travel to client homes, schools, or community settings? <input type="checkbox"/> Yes <input type="checkbox"/> No	Preferred Counties: <input type="checkbox"/> Philadelphia <input type="checkbox"/> Montgomery <input type="checkbox"/> Bucks <input type="checkbox"/> Delaware <input type="checkbox"/> Chester <input type="checkbox"/> Other: _____
Availability Type: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Per Diem	Available Days: <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
Preferred Start Date: ___/___/___ <input type="checkbox"/> Immediately Available <input type="checkbox"/> Available Within 1-2	Available Hours: _____

6. Experience and Skills

Years of Relevant Experience: _____
Experience Areas: <input type="checkbox"/> Personal Care/ADLs <input type="checkbox"/> Behavioral Support <input type="checkbox"/> Early Childhood/Classroom Support <input type="checkbox"/> Clinical Care <input type="checkbox"/> Documentation <input type="checkbox"/> Transfers/Mobility <input type="checkbox"/> Dementia/Memory Care



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7. Background and Compliance Screening

Have you ever been convicted of a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you listed on any abuse, neglect, or exclusion registry? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated for abuse, neglect, exploitation, or misconduct? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes to any question, explain: _____

8. Pennsylvania Clearances and Required Documents

Clearance Status: PA Criminal/Act 34: <input type="checkbox"/> Current <input type="checkbox"/> Needed Child Abuse/Act 151: <input type="checkbox"/> Current <input type="checkbox"/> Needed FBI Fingerprints: <input type="checkbox"/> Current <input type="checkbox"/> Needed First Aid, CPR and AED Certificate : <input type="checkbox"/> Current <input type="checkbox"/> Needed Act 24 Arrest/Conviction Report <input type="checkbox"/> Current <input type="checkbox"/> Needed
Document Uploads Allowed Online: Resume and Cover Letter Copies of clearances Copies of certifications/licenses, if applicable.

9. Emergency Contact

Name: _____	Relationship: _____
Phone: _____	Alternate Phone: _____

10. Professional References

Reference 1 Name: _____	Phone: _____ Relationship: _____
Reference 2 Name: _____	Phone: _____ Relationship: _____

11. How Did You Hear About Us?

Dropdown/Checkbox: <input type="checkbox"/> Indeed <input type="checkbox"/> Employee Referral <input type="checkbox"/> Facebook <input type="checkbox"/> Instagram <input type="checkbox"/> TikTok <input type="checkbox"/> LinkedIn <input type="checkbox"/> Website <input type="checkbox"/> Walk-In <input type="checkbox"/> Other: _____

12. Important In-Person Onboarding Notice

The following items MUST be brought in person and are NOT to be submitted through the online form:
Social Security Card Government-Issued ID Birth Certificate Banking Information for Direct Deposit I-9 Verification Documents Original Certifications/Licenses, if applicable
Employment is not considered complete until all required documents are verified, all live signatures have been obtained in person, and the application has been formally cleared for assignment and badge issuance.

13. Early Intervention Requirement

If Early Intervention is selected, applicant must complete the GHHS ELS CREDENTIALING Form in addition to the Employment Application.

14. Employment Acknowledgment and Requirement

I understand that employment with GRAND Home Health Services is contingent upon the completion and verification of all required credentialing forms, clearances, and documentation. I acknowledge that I am responsible for obtaining and maintaining all required clearances and certifications for my position. I understand that this role may involve working with children, seniors, or individuals with disabilities, and I agree to comply with all requirements associated with my position as a condition of employment. <input type="checkbox"/> I have read, understand, and agree to the Employment Acknowledgment and Requirements above.

15. Equal Employment Opportunity Statement

GRAND Home Health Services (GHHS) is an equal opportunity employer and is committed to a policy of non-discrimination in all aspects of employment, regardless of race, color, religion, sex, national origin, age, disability, or any other protected status under the law.
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16. Applicant Certification and Signature

I certify that all information provided is true and complete. I understand that false, incomplete, or misleading information may result in disqualification or termination. I understand that applicants must be 18 years or older for any position with GRAND Home Health Services.
Applicant Signature: _____ Date: _____