



PRE-EMPLOYMENT INTERVIEW

Thank you for choosing Florida Home Bound.

Before completing the application process, please take the time to answer the questions below. When finished, please email as an attachment to Michelle Souza (Human Resources) at msouzafhb@gmail.com. Thank you.

Name: _____

Date: _____

Please check one:
[] RN for ___ year(s)
[] LPN for ___ year(s)
[] PT for ___ year(s)
[] OT for ___ year(s)
[] Speech Therapist for ___ year(s)
[] LCSW for ___ year(s)

1) Do you have experience working in Home Care? [] Yes [] No For how long? ___ year(s)

2) Have you worked in a Hospital or Nursing Home environment? [] Yes [] No

Worked in a Hospital: ___ year(s) Worked in Nursing Home: ___ year(s)

3) Do you have experience working in Mental Health? [] Yes [] No For how long? ___ year(s)

4) Do you have a level II Background Check? [] Yes [] No

5) Do you have a car with valid Auto Insurance? [] Yes [] No

6) Do you have a current Driver's License? [] Yes [] No

7) Are you able to provide us with your college diploma? [] Yes [] No

8) In what areas are you able to work? _____

9) What times are you available to see patients? _____

10) What languages do you speak? _____

11) Do you have a reliable cell phone number and e-mail address?

Cell Phone #: _____ E-Mail: _____

12) How do you work under pressure? _____

13) I currently work for: [] Hospital [] Nursing Home [] Another Home Health Agency
[] Staff _____ Agency [] Other _____

Requirements for Hire: RN - 1 year Hospital/Nursing Experience
- 1 year Home Health Experience
- 1 year Supervisory Experience

LPN - 1 year Hospital/Nursing
- 2 years of Home Health Experience

Hepatitis B Vaccine Questionnaire

1) Have you ever completed a Hepatitis B Vaccination Status? [] Yes [] No

2) Has antibody testing revealed that you are immune to Hepatitis B? [] Yes [] No

3) Is the vaccine contraindicated for medical reasons? [] Yes [] No