



APPLICATION AND PRE-EMPLOYMENT CHECKLIST

CHECKLIST ON HOW TO APPLY

Enclose the following documents in a **LONG WHITE FOLDER** label with your Surname, First name and Middle Initial. Submit to Home Health Care Human Resource Unit at 317 Anonas Extension, Sikatuna Village, Quezon City from Mondays through Fridays from 8:30am to 5p.m. or Saturdays from 8:30a.m. to 12 noon.

1. Fully completed **APPLICATION FORM** with 3 recent, ID pictures, passport size in any color background
 - 1.1. Copy of the following. Original copy must be presented:
 - Birth certificate
 - Transcript of Records
 - Certificate of Graduation
 - 1.2. Applicable Certificate of Training/s
 - TESDA Caregiver
 - PRC
 - Other certificates related
 - Driving
 - 1.3. Clearance (any of 2)
 - Valid NBI Clearance
 - Police Clearance
2. Interview Evaluation Form (HHC-HR-FRM-005)
 - 2.1 Character Reference
3. Medical Record (HHC-HR-FRM-009)

Submit a copy of the following:

 - 3.1 Result of the Chest X-Ray PA
 - Result of CBC (taken within 6 months period prior to employment can be accepted subject to medical physician clearance)
 - 3.2 Vaccination Record of:
 - Influenza
 - Pneumonia
 - 3.3 Clearance from the Medical Physician's Physical Examination
4. Confidentiality Agreement (HHC-HR-FRM-011)
5. Competency Assessment Forms:

Nurse	(HHC-HR-FRM-012)
MD	(HHC-HR-FRM-013)
Caregiver	(HHC-HR-FRM-014)

Home Health Care will be glad to assist you in any inquiry you may have. Dial 9201445 or email info@homehealthcare.com.ph or visit our website at www.homehealthcare.com.ph

PRE-EMPLOYMENT REQUIREMENT CHECKLIST

1. Attendance to at least two of Home Health Care In-house training. A fee of P500 each per training and a mandatory Basic Life Support Training.
 - 1.1 _____
 - 1.2 _____
 - 1.3 BASIC LIFE SUPPORT TRAINING – (Validity) _____
2. **Facility in-house training for nurses and medical allied staff with certificate to be given:**
 - 1 month practical training – Fee of P3,000 exclusive of meals
 - 3 months practical training – Free of charge inclusive of meals
 - 1 month HHC practical training/orientation for new trainees or staff

NOTE: This checklist must be incorporated in employee's Individual Records File.

- Original documents presented to _____
Signature Over Printed Name
- Background Investigation done _____
Specify: _____
References: _____



Issue Revision Number	REVISION HISTORY				Originator	Effective Date
	Clause Number	Additional (A) or Deletion (D)	Affected Pages	Description of Change		
1		A / D	1 of 1	Re-formatting and re-arrangements	Bing Quemano	11-26-12
2		A	1of 1	<p>Addition of the ff:</p> <p>Interview Evaluation Form (HHC-HR-FRM-005)</p> <p>Confidentiality Agreement (HHC-HR-FRM-011)</p> <p>Competency assessment form</p> <p>e.g. Nurse, Caregiver, MD</p> <p>Basic life support training with validity</p>	Bing Quemano	11-26-12