



15455 W. Dixie Hwy. Unit A  
N. Miami Bch, FL 33162  
Ph: 305-947-7292

1011 NW 51<sup>st</sup> St. Ste. 6  
Ft. Lauderdale, FL 33309  
Ph: 954-318-0747

8198 Jog Road Ste. 204  
Boynton Beach, FL. 33472  
Ph: 561-424-2477

**PRE EMPLOYMENT INTERVIEW FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home #: \_\_\_\_\_ Cell#: \_\_\_\_\_

- Title (Please Circle One):

CNA OR HHA

Do You Have A Level 2 Background Screening Completed? Yes OR No (Circle)

- Days Available (Please Circle All That Apply):

M T W TH F Sat Sun

- Do You Do LIVE-IN (Please Circle One):

Yes OR No

If Yes, Do You Have A Letter Of Reference From Previous Patient? \_\_\_\_\_

Do you have current Professional Liability Insurance? Yes or No

- Do You Have A Car (Please Circle One):

Yes OR No

Languages Spoken (Please Circle All That Apply): English, Spanish, French, Creole, Other: \_\_\_\_\_

- How Far Will You Work: \_\_\_\_\_

- Are You Currently Working: \_\_\_\_\_

If Yes Where? \_\_\_\_\_

- Rate of Pay at Last Job? \$ \_\_\_\_\_

- How Did You Hear About Us? \_\_\_\_\_

- **Direct Deposit ?** \_\_\_\_ **YES** or \_\_\_\_ **NO**

- **Interviewer Comments:** \_\_\_\_\_

\_\_\_\_\_