COURAGEOUS HUMMINGBIRDS INC.

DIRECT SUPPORT & CAREGIVER EMPLOYMENT APPLICATION

State of Florida Provider Agency
Equal Opportunity Employer

Equal Opportunity Statement: Courageous Hummingbirds Inc. provides equal employment opportunities to all qualified applicants without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, disability, genetic information, veteran status, or any other protected characteristic under applicable federal, state, or local laws.

1. APPLICANT CONTACT & GENERAL INFORMATION

LEGAL FIRST NAME

MIDDLE NAME

LEGAL LAST NAME

CURRENT STREET ADDRESS (APT / SUITE / UNIT #)

CITY, STATE, ZIP CODE

PRIMARY TELEPHONE NUMBER

PRIMARY EMAIL ADDRESS

APPLICATION DATE

2. POSITION DESIRED & MANDATORY QUALIFICATIONS

POSITION APPLIED FOR

EARLIEST DATE AVAILABLE

DESIRED WAGE / SALARY

ARE YOU 18 YEARS OF AGE OR OLDER? (REQUIRED FOR FLORIDA DIRECT CARE ROLES)

☐ Yes ☐ No

SCHEDULE DESIRED

☐ Full-Time ☐ Part-Time ☐ PRN

ARE YOU LEGALLY AUTHORIZED TO WORK IN THE UNITED STATES? (FORM I-9 VERIFICATION UPON HIRE)

☐ Yes ☐ No

VALID FLORIDA DRIVER'S LICENSE?

☐ Yes ☐ No

DO YOU HAVE RELIABLE PERSONAL TRANSPORTATION AND CURRENT AUTO INSURANCE?

☐ Yes ☐ No

CPR / FIRST AID CERTIFIED?

☐ Yes ☐ No

ARE YOU ABLE TO PERFORM THE ESSENTIAL DUTIES OF THIS ROLE (E.G., TRANSFERS, PERSONAL SUPPORT, LIFTING UP TO 50 LBS), WITH OR WITHOUT REASONABLE ACCOMMODATION?

☐ Yes ☐ No

3. EDUCATION & RELEVANT PROFESSIONAL CREDENTIALS

Credentials Held: ☐ Certified Nursing Assistant (CNA) ☐ Home Health Aide (HHA) ☐ Direct Support Professional (DSP)

☐ Medication Administration (Florida APD)

LEVEL / INSTITUTION	SCHOOL NAME, CITY & STATE	DIPLOMA / DEGREE EARNED	FIELD OF STUDY / MAJOR
High School or GED		☐ Yes ☐ No	General Studies
College / Vocational			

Notice Regarding Florida Background Screening: Positions serving vulnerable adults and children require compliance with Florida Statutes Chapter 435 (Level 2 Background Screening via the Florida Care Provider Screening Clearinghouse). Formal background screening authorization and personal identifiers (SSN/DOB) are collected solely upon extending a conditional offer of employment.

4. PREVIOUS EMPLOYMENT HISTORY (PAST 5 YEARS / RELEVANT CARE EXPERIENCE)

MOST RECENT EMPLOYER / COMPANY

JOB TITLE

SUPERVISOR NAME & TITLE

EMPLOYER PHONE NUMBER

DATES EMPLOYED (MONTH/YEAR TO MONTH/YEAR)

MAY WE CONTACT THIS EMPLOYER?

☐ Yes ☐ No ☐ Contact Later

KEY DUTIES & RESPONSIBILITIES

PREVIOUS EMPLOYER / COMPANY

JOB TITLE

SUPERVISOR NAME & TITLE

EMPLOYER PHONE NUMBER

DATES EMPLOYED (MONTH/YEAR TO MONTH/YEAR)

MAY WE CONTACT THIS EMPLOYER?

☐ Yes ☐ No

KEY DUTIES & RESPONSIBILITIES

5. PROFESSIONAL REFERENCES (PLEASE LIST THREE PROFESSIONAL OR SUPERVISORY CONTACTS)

FULL NAME	PROFESSIONAL RELATIONSHIP	COMPANY / ORGANIZATION	PHONE & EMAIL CONTACT

6. APPLICANT CERTIFICATION & LEGAL DISCLAIMERS

Accuracy of Information: I certify that all answers and statements made in this application are true, accurate, and complete to the best of my knowledge. I understand that any false, omitted, or misleading information will be cause for immediate denial of employment or termination of employment if discovered at a later date.

Reference & Employment Authorization: I authorize Courageous Hummingbirds Inc. to verify all information contained in this application and to contact my former employers, references, and educational institutions, releasing all parties from liability for providing truthful information.

At-Will Employment: If hired, I acknowledge that employment with Courageous Hummingbirds Inc. is "at-will," meaning that either the employer or the employee may terminate the employment relationship at any time, with or without cause, and with or without advance notice, subject to applicable state and federal laws.

APPLICANT SIGNATURE (HANDWRITTEN OR VERIFIED DIGITAL SIGNATURE)

DATE SIGNED

Submit completed applications through the secure portal at **hummingbirdshomehealth.com** or contact administration at **(352) 359-6213**.