

## EMPLOYMENT APPLICATION

### Personal Data

Legal Name (Last)		(First, MI)		Position Applied For:	
Is there any additional information relative to change of name, use of an assumed name, or nickname necessary to permit a background check of your work and education records? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, please provide past name(s) and date(s) used, so we may verify employment and education.					
Name	From / /	To / /	Name	From / /	To / /
<b>Address (List all addresses from past seven (7) years – Use back of form if necessary.)</b>					
Current Address - Street		City	State	Zip Code	Years at Address
Previous Address – Street		City	State	Zip Code	Years at Address
Home Telephone No.		Current Work Telephone No.		Cellular Telephone No.	
Email Address:		Can you produce evidence of the right to work while in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem		Date you will be available for work?		Have you ever held a position with the company? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, What position?	

### EDUCATION

School Name <i>(City, State Required)</i>	Major/Minor	Graduate	Type of Degree	Grade Point Average
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**EMPLOYMENT** *List all employment during the past 10 years. If you need more space, use additional paper. We may contact your previous employer.*

<b>(1) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.		Dates of Employment (mm/yy) From: / / to / /
Reason for Leaving:				
<b>(2) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.		Dates of Employment (mm/yy) From: / / to / /
Reason for Leaving:				
<b>(3) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.		Dates of Employment (mm/yy) From: / / to / /
Reason for Leaving:				

### U.S. MILITARY (Active Duty including Reserve or National Guard Service)

Branch of Service	Rank	Type of Discharge	Special Skills of Training Acquired in Service
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**COMPUTER SKILLS**

Typing _____ wpm	List software packages with which you have experience.
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**LANGUAGES**

Language #1 <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Language #2 <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Language #3 <input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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**BUSINESS REFERENCES**

Name	Job Title	Address	Telephone No.

**PLEASE INDICATE YOUR SCHEDULE AVAILABILITY, TRAVEL AVAILABILITY AND SKILLS**

Please check DAYS available	<input type="checkbox"/>	Sun	<input type="checkbox"/>	Mon	<input type="checkbox"/>	Tue	<input type="checkbox"/>	Wed	<input type="checkbox"/>	Thu	<input type="checkbox"/>	Fri	<input type="checkbox"/>	Sat	Comments;		
Please check SHIFTS available	<input type="checkbox"/>	Days	<input type="checkbox"/>	Eve	<input type="checkbox"/>	Night	<input type="checkbox"/>	Live-in	<input type="checkbox"/>	1-2 hours	<input type="checkbox"/>	2-4 hours	<input type="checkbox"/>	4-8 hrs.	<input type="checkbox"/>	8-12 hrs.	Other:
Number of WEEKENDS available to work per month					Which holidays you are available to work					<input type="checkbox"/> New Year <input type="checkbox"/> Memorial Day <input type="checkbox"/> Independence Day <input type="checkbox"/> Labor Day <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Christmas							
How many MILES are you willing to drive to and from work?										Comments:							

**CLIENTS YOU ARE NOT WILLING/ABLE TO WORK WITH**

<input type="checkbox"/> Dementias/Alzheimer's	<input type="checkbox"/> Smokers
<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Pets (Specify): <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other: _____
<input type="checkbox"/> Behavioral Disorders	<input type="checkbox"/> Females
<input type="checkbox"/> Elderly (over 65)	<input type="checkbox"/> Males
<input type="checkbox"/> HIV Positive/AIDS	<input type="checkbox"/> Client use of medically prescribed marijuana
<input type="checkbox"/> Other (Specify): _____	

**TRANSPORTATION**

What type of transportation do you use?	<input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____
Do you have a valid Driver License: <input type="checkbox"/> Yes <input type="checkbox"/> No	DL #: _____ Expiry Date: _____
Are you willing to transport clients in your private vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to drive a client's vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to escort a client in their own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to escort a client on public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ABUSE INVESTIGATION**

Have you ever been investigated for abuse, neglect, or domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, explain:

**AUTHORIZATION AND UNDERSTANDING****RELEASE OF PRIOR PERSONNEL INFORMATION**

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that you may verify any of the information concerning my employment, education, credit, or medical history with the appropriate individuals, organizations, or governmental agencies. I give these individuals, organizations or governmental agencies my permission to release any information that you need, including my previous disciplinary record, without requiring them to contact me or give me a written notice before revealing the information to you. I understand that no verification of my credit history or request for a 'consumer report' under the Fair Credit Reporting Act may be undertaken by you without my express written authorization in a separate document. By signing this application, and in the case of a consumer report under the Fair Credit Reporting Act, should I sign the separate Authorization for credit reports on my own, I release you and them from any liability whatsoever arising out of an information request or disclosure. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

**AT-WILL EMPLOYMENT STATUS**

**I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS AGREEMENT MAY ONLY BE CHANGED BY THE PRESIDENT OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT.** I agree that I shall be bound by the other rules, regulations, and terms and conditions of employment of the company as they are from time to time changed and that no additional obligations can be imposed by me on the company except those which have been acknowledged, in writing, by the company president or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the result of my pre-employment physical (if such physical is required) are known.

**RELEASE FOR REFERENCE CHECKS**

I authorize the Company to contact my previous employers for work-related references.

**RELEASE FOR BACKGROUND SCREENING**

I authorize the Company to verify any information that I provide in connection with my employment. I release the Company and its authorized representatives of all liability resulting from the use of background information about me for employment purposes.

X \_\_\_\_\_  
Applicant's Signature Date

## Skill Assessment

Please check all that apply

- Lifting, positioning
- Skin care, apply lotion
- Light massage if client allows
- Light Cooking
  - Meal preparation
  - Light housekeeping
  - Kitchen light cleaning
  - Garbage collection
- Use of Medical Equipment
  - 1) Hoyer Lift
  - 2) Hospital Bed
  - 3) Wheelchair
  - 4) Oxygen turning on and off
  - 5) Front wheel walker/gait belt
- Incontinent Management
  - 1) Change diapers
  - 2) Peri-Care
  - 3) Change linen and chux pad
- Able to empty Foley bag
- Bed Making
- Able to communicate with client
  - 1) Speak English
  - 2) Secondary Language
- Flexibility hours
- Preferred hours/days
- Open to work in Residential Care Facility