

Employment Application



Quality Home Care You Can Trust[®]

POSITION:

DATE:

PERSONAL INFORMATION (PRINT) Are you over the age of 18? Y / N

Name (last, first, middle) Telephone Number/ Message

Address Social Security Number

City/State/Zip E-mail Address

Driver's License Number _____ State _____ Expiration Date ___/___/___

Are you legally authorized to work in the United States? Yes ___ No ___

Check off the shift(s) and days you will work.

| | | | | | | |
|--------|--------|---------|---------|-------------|-----------|-----|
| F/T___ | P/T___ | Temp___ | Days___ | Evenings___ | Nights___ | |
| Sun | Mon | Tues | Wed | Thurs | Fri | Sat |

| | | | | | | |
|---|---|---|---|---|---|---|
| / | / | / | / | / | / | / |
|---|---|---|---|---|---|---|

May we contact your present employer? Yes ___ No ___

Have you ever been convicted of a crime other than a minor traffic violation? Yes ___ No ___

(If yes please explain on back)

Do you have a current driver's license? Yes ___ No ___

EMPLOYMENT HISTORY – Begin with most recent employment

Dates From _____ To _____ Company Name _____ City, State _____

Titles/ duties _____ Pay Start \$ _____ Final \$ _____

Reason for Leaving _____ Supervisor's Name _____ Telephone Number _____

Dates From _____ To _____ Company Name _____ City, State _____

Titles /duties _____ Pay Start \$ _____ Final \$ _____

Reason for Leaving _____ Supervisor's Name _____ Telephone Number _____

EDUCATION Highest level of education completed and where

PROFESSIONAL CERTIFICATIONS/LICENSES

Certification/License Type

Expiration Date

REFERENCES – Two employers and one personal

Name

Address

Telephone

Occupation

Name

Address

Telephone

Occupation

Name

Address

Telephone

Occupation

CAREGIVER EXPERIENCE:

Have you attended either a certified caregiver, CNA or other formalized training program for this type of work? Yes _____ No _____

Do you have caregiver experience? Yes _____ No _____ If Yes, please list below:

Name and Phone number of employer

Dates

Do you speak any languages other than English?

Yes___ No___

Will you work with a client who is incontinent?

Yes___ No___

Will you work in a situation where most of the work is housekeeping?

Yes___ No___

Can you work around the following?

Animals__ Dust__ Tobacco Smoke__

Check below if you have had experience with the following:

| | | | | | |
|--------------------------|------------------------------------|--------------------------|--------------------|--------------------------|---------------|
| <input type="checkbox"/> | Blood pressure check | <input type="checkbox"/> | Transfer Board | <input type="checkbox"/> | Hoyer Lift |
| <input type="checkbox"/> | Give bed bath | <input type="checkbox"/> | Light Lift | <input type="checkbox"/> | Full Lift |
| <input type="checkbox"/> | Change Diapers (adult) | <input type="checkbox"/> | Empty catheter bag | <input type="checkbox"/> | Prepare meals |
| <input type="checkbox"/> | Walking assist | <input type="checkbox"/> | Check pulse | <input type="checkbox"/> | Personal care |
| <input type="checkbox"/> | Change sheets while patient in bed | <input type="checkbox"/> | | <input type="checkbox"/> | |

TRAINING/EXPERIENCE WITH THE FOLLOWING CONDITIONS:

Alzheimer's/Dementia _____ Diabetes _____ Parkinson's _____
Paraplegic _____ Quadriplegic _____
Stroke _____ Client receiving oxygen _____

Please read each statement carefully before signing:

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I authorize Assisting Hands® Home Care, LLC to perform the following and understand that these items need to be completed before starting to work:

- 1. Drug screening**
- 2. Criminal Background check**
- 3. Professional License check**
- 4. Driver's License check**
- 5. Auto Insurance check**
- 6. TB test**

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.

I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I hereby acknowledge that I am free of any communicable diseases that could infect, or deemed to be contagious, to any clients.

I understand that I am an hourly employee and that this application does not create a contract of neither employment nor guarantee employment for any definite period of time.

I have read, understand, and by my signature consent to the above statements.

Signature _____ Date _____

This application for employment will remain active for one year. Please notify us of any changes in your telephone number so that we may contact you.