

(Please Print)

☐ Female☐ Male

Position Applied For _____ Date _____

First Name

Last Name

Middle Name

Address

City

State

Zip Code

Telephone Number

Social Security #

Date of Birth

Work Related Information1. Are you currently employed? Yes ☐ No ☐ If yes, may we contact your employer? Yes ☐ No ☐

2. On what date would you be available to start work?

3. Work availability : Full Time _____ Part Time _____ Days _____ Nights _____ Weekends _____

Live-in _____ Temporary _____ for How Long? _____

4. Can you work with a client who has a pet? Yes ☐ No ☐

Explain _____

5. Can you work with a client who smokes? Yes ☐ No ☐

Explain _____

6. Do you have any allergies? Yes ☐ No ☐

Explain _____

7. Are you currently on "Lay-Off" status? Yes ☐ No ☐

If Yes, Explain _____

8. Have you ever been convicted of a felony? Yes ☐ No ☐

If Yes, Explain _____

What Year? _____ In What State? _____ Were you 18 Years or Older at the time? Yes ☐ No ☐9. Have you ever been subjected to complaint of child and/or adult abuse or neglect? Yes ☐ No ☐

If Yes, Explain _____

10. What was the outcome of the complaint?

What Year? _____ In What State? _____ What agency investigated? _____

Emergency Contacts:

Emergency Contacts

Name

Home Telephone #

Cell Telephone #

Emergency Contacts

Name

Home Telephone #

Cell Telephone #

11. Education, License and Certifications

| Education | Name and Address of School (City, State, Country) | Course of Study | Years Completed | Degree/Diploma |
|-----------------------|--|-----------------|-----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Military Service | | | | |
| Other (Specify) | | | | |

| License Type | Date Issued | Date Expired | Issuing Board |
|--------------|-------------|--------------|---------------|
| | | | |
| | | | |

| Certification | Date Issued | Date Expired | Issuing Board |
|---------------|-------------|--------------|---------------|
| | | | |
| | | | |

12. Are you certified in CPR? Yes ☐ No ☐ _____ Are you certified in First Aid? Yes ☐ No ☐

If yes, give expiration dates CPR _____ First Aid _____

13. Indicate any foreign languages (other than English) you speak, read, or write. _____

14. Have you ever lived or traveled in a foreign country? Yes ☐ No ☐

If yes, where, when and how long? _____

15. Do you have home care experience? Yes ☐ No ☐ How Much? _____

16. Describe any specialized training, of skills and extra-curricular activities you enjoy in the boxes below:

| Training | Skills | Activities |
|----------|--------|------------|
| | | |
| | | |

Driving Ability

17. Are you a licensed driver? Yes ☐ No ☐

Class of License _____ State _____ Date of Issue _____ Expiration Date _____

18. Have you had your driver's license suspended or revoked at any time in the last 3 years? Yes ☐ No ☐

If yes, give details _____

19. Do you have a car? Yes ☐ No ☐ If so, what kind of vehicle (year, make and model)? _____

20. Are you willing to drive a client's vehicle? Yes ☐ No ☐

21. Are you willing to run errands in your vehicle? Yes ☐ No ☐

22. Do you have insurance on your vehicle? Yes ☐ No ☐

Insurance Carrier _____ Insurance Co. Tel. No. _____

Limits of Coverage _____

b. _____

| Name | Phone # | (Best Time to Call) |
|------|---------|---------------------|
|------|---------|---------------------|

24. Start with your present or most recent job. Include any job-related military service assignments and volunteer activities. If you need additional space, please continue on a separate sheet of paper.

| Employer | Dates | Employed | Work Performed |
|---------------------|----------|----------|----------------|
| Address | From | To | |
| Telephone Number(s) | | | |
| | Hourly | Rate | |
| Supervisor | Starting | Final | |
| Reason for Leaving | | | |
| | | | |

| Employer | Dates | Employed | Work Performed |
|---------------------|----------|----------|----------------|
| Address | From | To | |
| Telephone Number(s) | | | |
| | Hourly | Rate | |
| Supervisor | Starting | Final | |
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| | | | |

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| | Hourly | Rate | |
| Supervisor | Starting | Final | |
| | | | |
| Reason for Leaving | | | |
| | | | |

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants of all positions without regard to race, color, religion, creed, gender, national origin, age disability, martial or veteran status, sexual orientation, or any other legally protected status.

Applicant's Statement

I certify that answers given herein are true and complete. I authorize an investigation of all the statements contained in this application for employment as may be necessary for Caring Hands Healthcare Agency to arrive at an employment decision, and as further authorized by the Applicant Information Verification and Background Check Authorization form(s).

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand and acknowledge that an employment relationship with this organization is "at will", meaning that I may resign at any time or the Company may discharge me at any time with or without cause. I further understand that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized representative of the company.

In the event of employment, I understand that false or misleading information given in this application or my interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the company and applicable law.

Applicant Signature _____ Date _____

FOR HUMAN RESOURCES USE ONLY

☐ Employee

☐ Independent

☐ PRN

Arrange Interview Yes ☐ No ☐

References Verified By _____

Interview Date _____

Paperwork Complete Yes ☐ No ☐

Recommend for Employment Yes ☐ No ☐

Hire Date _____

Comments

Interviewer Signature _____ Date _____