**Employment Application Form**

1. **Personal Information**

First and last name …...……………………………………………………………………………………………..………

Address: Street …………………………………………………………………………Apt./Unit………………………

City ……………………………………………………….. State ……………. Zip Code …………………….……………

Phone …………………………………………………… E-mail ……………………………………………………..………

1. **Are you over the age of 18?** Yes …………….. No …………………
2. **Are you a USA citizen?** Yes …………….. No …………………
3. **Are you legally eligible to work in the United States?** (Proof of eligibility will

be required upon offer of employment) Yes …………….. No …………………

1. **a) Position applying for**

…………….. Elderly Care …………….. Disability Care …………….. Housekeeping

……………. Personal Driver …………….. Other ………………………………………………

**b) Type of position**

…………….. Live In Position …………….. 7 Days …………….. 5 Days

…………….. Weekends …………….. Hourly

…………….. Mornings …………….. Evenings …………….. Nights

1. **List past experience**

…………….. Elder Care …………….. Housekeeping

…………….. Disability Care ……………. Personal Driver

…………….. Other ……………………………………………………………………………………...………………………..

1. **Current certification** (Certificate/License will be required upon offer of employment)

…………….. CHHA (Certified Home Health Aid) …………….. PCA (Patient Care Assistant)

…………….. CAN (Certified Nursing Assistant) …………….. LPN (Licensed Practical Nurse)

…………….. None

…………….. Other …………………………………………………………………………………………..

1. **Do you have experience with**

…………….. Dementia …………….. Hip Injuries …………….. Hospice

…………….. Disability Care …………….. Heart Disease …………….. Respiratory

…………….. Paraplegia …………….. Diabetes

…………….. MRDD (Mentally Retarded Developmentally Disabled)

…………….. COPD (Chronic Obstructive Pulmonary Disease)

…………….. Parkinson’s Disease …………….. Stroke …………….. Alzheimer

…………….. Cancer …………….. Arthritis

…………….. Other ………………………………………………………………………………………………………………

1. **Do you have experience with**

…………….. Oxygen …………….. Catheter …………….. Wheelchair

…………….. Glucose Monitoring …………….. Osmotic Bags …………….. Gait Belts

…………….. Hoyer Lift

…………….. Other …………………………………………………………………………………………

1. **List allergies**

…………….. Dogs …………….. Cats …………….. Birds

…………….. Other …………………………………………………………………………………………

1. **Do you have dependable transportation?** Yes …………….. No …………………
2. **Do you have a valid driver’s license?**Yes …………….. No …………………
3. **List languages you speak**.................……………………...…………………………………………………

**Language fluency - English**

Speaking Non-Speaking 1 2 3 4 5 Fluent

Reading Poor 1 2 3 4 5 Best

Writing Poor 1 2 3 4 5 Best

**Language fluency - ………………………………………………….**

Speaking Non-Speaking 1 2 3 4 5 Fluent

Reading Poor 1 2 3 4 5 Best

Writing Poor 1 2 3 4 5 Best

**Language fluency - ………………………………………………….**

Speaking Non-Speaking 1 2 3 4 5 Fluent

Reading Poor 1 2 3 4 5 Best

Writing Poor 1 2 3 4 5 Best

1. **Other Comments**

..............................…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….……………………………………

1. **Availability**
2. **Are there any limitations on your ability to perform all the essential functions of the position, or work the schedule, specified above (which may include nights, weekends and holidays)?** ………………………………………………………………………………………………………………………………………………………………...………………………………………………………………………………………..
3. **Can you be called at the last minute in case of emergency?**

Yes …………….. No …………………

1. **Education**
2. **High School** ………………………………...…………………………………………………………………..

City/State ……………………………………………………………………….…………………………………...…………..

Dates …………………………………………………………….………………………………………………………………...

1. **College** ……………………………………………………………………………………………………………

City/State …………………………………………………………………………….……………………………...…………..

Dates ………………………………………………………………………………………………………..……………………...

1. **Other** ……………………………………………………………………………………………………………...

City/State ……………………………………………………………………………………………………….…...…………..

Dates ……………………………………………………………………………………………………………………..………...

1. **Training and Skills**
2. Degrees/certificates – All Degrees / Certificates must be presented copy. All will be verified with provider/issuer.

……………….…………………………………………………………………………….……………………………….……………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………..…………………….……………

1. Special skills or courses – Any skills that assist in making you qualified as a professional Care Provider.

……………….…………………………………………………………………………….……………………………….……………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………..…………………….……………

1. **Experience**
2. Discuss any training or experience working with the elderly. How are you trained and/or experienced in working with the elderly?

……………….…………………………………………………………………………….……………………………….……………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………..…………………….……………

1. What do YOU do that shows and proves you’re Reliable, Trustworthy and Honest?

……………….…………………………………………………………………………….……………………………….……………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………..…………………….……………

1. What would you like least about working with the elderly?

……………….…………………………………………………………………………….……………………………….……………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………...…………………………………………………………………………………………………………………………………..…………………….……………

1. **Employment History**

Please provide at least five years of recent, verifiable work history followed by verifiable references.

1. **Company name** ……………………………………………………………………...…………………………….

Employed To (mm/dd/yyyy) ………………...……………………………………………………………….………...

Job Title …………………………………………………………………………………………………………………………..

Reason for leaving ……………………………………………………………………………………………………………

Duties ……………………………………………………………………………………………………………………………...

Supervisor …………………………………………………………. Supervisor Phone # …………………….………

1. **Company name** ……………………………………………………………………...…………………………….

Employed To (mm/dd/yyyy) ………………...……………………………………………………………….………...

Job Title …………………………………………………………………………………………………………………………..

Reason for leaving ……………………………………………………………………………………………………………

Duties ……………………………………………………………………………………………………………………………...

Supervisor …………………………………………………………. Supervisor Phone # …………………….………

1. **Company name** ……………………………………………………………………...…………………………….

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Job Title …………………………………………………………………………………………………………………………..

Reason for leaving ……………………………………………………………………………………………………………

Duties ……………………………………………………………………………………………………………………………...

Supervisor …………………………………………………………. Supervisor Phone # …………………….………

1. **Company name** ……………………………………………………………………...…………………………….

Employed To (mm/dd/yyyy) ………………...……………………………………………………………….………...

Job Title …………………………………………………………………………………………………………………………..

Reason for leaving ……………………………………………………………………………………………………………

Duties ……………………………………………………………………………………………………………………………...

Supervisor …………………………………………………………. Supervisor Phone # …………………….………

1. **Company name** ……………………………………………………………………...…………………………….

Employed To (mm/dd/yyyy) ………………...……………………………………………………………….………...

Job Title …………………………………………………………………………………………………………………………..

Reason for leaving ……………………………………………………………………………………………………………

Duties ……………………………………………………………………………………………………………………………...

Supervisor …………………………………………………………. Supervisor Phone # …………………….………

**Why Do You Feel You Would Be an Excellent Addition to Our Team?**

………………………………………………………………………………….……………………………………………..…………………………………………………………………………………………...……………………………………………………………………………………………………………………………………………………………………………………………...

1. **Business | Professional References**
2. First and Last Name ………………………………………………………………...…………………………….

Street …………………………………………………………………….………………………Apt./Unit…….……………

City ………………………………………………………….……….. State ……………. Zip Code ………………………

Phone ………………………………………………………………..………. Years Known ………………………………

1. First and Last Name ………………………………………………………………...…………………………….

Street …………………………………………………………………….………………………Apt./Unit…….……………

City ………………………………………………………….……….. State ……………. Zip Code ………………………

Phone ………………………………………………………………..………. Years Known ………………………………

1. First and Last Name ………………………………………………………………...…………………………….

Street …………………………………………………………………….………………………Apt./Unit…….……………

City ………………………………………………………….……….. State ……………. Zip Code ………………………

Phone ………………………………………………………………..………. Years Known ………………………………

**Do you have a resume you would like to present us?**

 Yes …………….. No …………………

1. **Emergency Contact**
2. First and Last Name ……………………………………………………………………………….……….

Street …………………………………………………………………………….………Apt./Unit…………………………

City ………………………………………………..…………………….. State ……………. Zip Code …….……………

Phone ……………………………………………………………………………….…………………………………………….

Relationship ………………………………………………………………………………………….………………………...

 **Pay Requirements** (Hourly or Yearly Accepted) **…………………………………………………………..**

………………………………………………… ………………………………………….. ………………

 First and Last Name (PRINT) Signature Date