



APPLICATION FOR EMPLOYMENT
HHA/CAREGIVER

All Prospective employees will receive consideration without discrimination because of race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

PERSONAL

Last Name First Name Middle Date

Street Address Cell Phone

City, State Zip Home Phone

E-Mail Address (MUST HAVE COMPLETE ADDRESS) Date of Birth

Are you currently employed? Yes ___ No ___

If currently employed, may we contact your employer? Yes ___ No ___

Rate of Pay Expected \$ _____ per Hour

Is there a specific reason you are applying for employment at this company? Yes ___ No ___

If yes, Please briefly outline the reason: _____

Type of employment desired ___ Full-time ___ Part-Time ___ PRN/As Needed

Specified Days or Hrs _____

Are you willing to work weekends? ___ Yes ___ No

Do you have reliable transportation? ___ Yes ___ No

Have you ever applied for employment with this Agency? ___ Yes ___ No

Do you have any Friends or family employed at this company? ___ Yes ___ No

Name of friend or relative _____

Are you legally eligible for employment in the United States? ___ Yes ___ No

How did you learn of our organization? ___ Agency Employee/Name _____

___ Face Book ___ Care.com ___ Indeed.com ___ Craig's List _____ Other

Position applying for:

Skilled/HHA with Certification _____
STNA _____

Caregiver _____ CNA _____
Caregiver /PCT (minimum of 80 hr HHA/HMK) _____

Do you have the following?

CPR _____ Yes _____ No Last Certified _____

First Aid _____ Yes _____ No Last Certified _____

TB Test _____ Yes _____ No Last Certified _____

EMERGENCY CONTACTS

In Case of an Emergency Please give us contact names and numbers

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

Name _____ Number _____ Relationship _____

GENERAL

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency? _____ Yes _____ No

Conviction will not necessarily disqualify an applicant from employment.

If yes, describe in full: _____

Are you capable of performing the job set forth in the job description? Yes _____ No _____ (Attached)

If you answer no, which job requirement can you not meet? _____

If considered for hiring, will you agree to go for criminal background check? Yes _____ No _____

If considered for hiring, will you agree to take a urine drug screen? Yes _____ No _____

If considered for hiring, will you agree to provide a valid driver's license? Yes _____ No _____

If considered for hiring, will you agree to provide valid auto insurance? Yes _____ No _____

If considered for hiring, will you agree to provide social security card or birth certificate? Yes _____ No _____

CREDENTIALS/SPECIALIZED SKILLS & QUALIFICATIONS/EQUIPMENT OPERATED

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualifications acquired form employment or other experience.

EDUCATION:

School Name Diploma/College	Location of School	Course of Stud	Years of	Degree/Study
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Voc-Tech or Trade:	_____	_____	_____	_____
_____	_____	_____	_____	_____
High School:	_____	_____	_____	_____
_____	_____	_____	_____	_____
Other:	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What Nursing or relevant designations, Licenses or registrations, if any, do you possess?

Type	Date of most Recent Registration	Valid In State/Province?	
_____	_____	Yes _____	No _____
_____	_____	Yes _____	No _____

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer (Last Five Years or last 3 employers)

1. Employer/Company: _____ Phone # _____

Address _____ City _____ State _____

Start Date _____ \$/hr _____ End Date _____ \$/Hr _____ Title /Position _____

Summarize type of work performed & Responsibilities _____

Immediate Supervisor Name: _____ Phone# _____

Reason for Leaving? _____

May we contact for reference? Yes ___ No ___

2. Employer/Company: _____ Phone # _____

Address _____ City _____ State _____

Start Date _____ \$/hr _____ End Date _____ \$/Hr _____ Title /Position _____

Summarize type of work performed & Responsibilities _____

Immediate Supervisor Name: _____ Phone# _____

Reason for Leaving? _____

May we contact for reference? Yes ___ No ___

3. Employer/Company: _____ Phone # _____

Address _____ City _____ State _____

Start Date _____ \$/hr _____ End Date _____ \$/Hr _____ Title /Position _____

Summarize type of work performed & Responsibilities _____

Immediate Supervisor Name: _____ Phone# _____

Reason for Leaving? _____

May we contact for reference? Yes ___ No ___

4. Employer/Company: _____ Phone # _____

Address _____ City _____ State _____

Start Date _____ \$/hr _____ End Date _____ \$/Hr _____ Title /Position _____

Summarize type of work performed & Responsibilities _____

Immediate Supervisor Name: _____ Phone# _____

Reason for Leaving? _____

May we contact for reference? Yes ___ No ___

PROFESSIONAL REFERENCES

Persons who can furnish information about Job performance (Non Family member)

1. Name: _____ Phone# _____

Relationship: _____ Yrs Known _____

2. Name: _____ Phone# _____

Relationship: _____ Yrs Known _____

3. Name: _____ Phone# _____

Relationship: _____ Yrs Known _____

I Certify Information Provided is Correct

I certify that the information in this application or any cover letter or resume, are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I authorize this company to investigate all statement contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and /or if employee, immediate dismissal.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

The information contained within this application or any cover letter or resume attached is not shared with any third party. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing application gives the employer consent to collect the information contained herein and use for the purpose specified.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and with or without prior notice. The employer reserves that same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

Date: _____

Signature _____