



Relationship beyond Business
Senior Care at its Best!

PEAK Homecare Associates LLP

PRE-HIRE: EMPLOYMENT APPLICATION FORM

PEAK Homecare Associates LLP

Employment Application

Availability: check all that you could work						
Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Day hours		Evening hours (5-9P)	nights (9P-12MN)	overnights	live-in	

Date of Application: _____ Date Available for Employment: _____

Position Applying For: _____

Looking For: Per Diem # of Hours: _____ Part Time # of Hours: _____ Full Time # of Hours: _____

Last Name	First Name	Middle Initial
_____	_____	_____

Mailing Address	City	State	Zip Code
_____	_____	_____	_____

Home Phone	Cell Phone Number	Email
_____	_____	_____

Language skills other than English (written/spoken) _____

Have you ever been employed here before? Yes or No If yes, when? _____

Are you legally eligible for employment in the US? Yes No

If not legal citizen: Do you have a green card? Yes No

Do you have a social security card? Yes No

Has your visa expired? Yes No

REFERRAL INFORMATION

How did you hear about us? (Please check)

Newspaper Ad _____ Internet _____

Which newspaper?

Which site?

Current Employee _____

We'd like to thank them

Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____

Relationship: _____

Home Phone Number: (_____) _____

Work Phone Number: (_____) _____

Cell Phone Number: (_____) _____

PEAK Homecare Associates LLP an equal opportunity employer. All applicants and employees are considered for employment, advancement, and development based upon their skills, performance and potential. No current or prospective employee will be discriminated against because of race, creed, color, gender, age, national origin, handicap or military status.

PEAK Homecare Associates LLC

Employment History - Please begin with your most recent or current place of employment.

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Place of Employment: _____ Start Date: _____
Address: _____ End Date: _____
Position: _____ Phone Number: (____) _____
Supervisor: _____ Salary: _____
Reason for Leaving: _____ Final Salary: _____

Education Name & Location Course of Study Years Completed Date Graduated

High School: _____
College: _____
Other: _____

Military Service

Branch of Service: _____ Dates of Service: _____
Highest Rank Achieved: _____ Currently in a Reserve Unit? Yes / No
Special Schooling and/or Duties: _____

PEAK Homecare Associates LLC

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

Criminal History- By my signature below, I acknowledge/consent to a criminal check on my name.

Have you ever been convicted of violating any law? (Please omit minor traffic violations.)

Yes No if yes, please list conviction(s), date(s) and location(s). The presence of a criminal record is not an automatic rejection of your application. Certain types of convictions will eliminate you from servicing vulnerable elders in their homes. I attest that the above referenced information is true and accurate to the best of my knowledge. I further give the agency permission to call any of my cited previous employers or reference candidate for information regarding my character, employment history or work ethics.

Employee Candidate Signature

Date

Reference Form #1

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with PEAK Homecare Associates LLP

Name: _____ Social Security # _____

Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date of signature _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

EVALUATION	EXCELLENT	GOOD	AVERAGE	POOR
Attendance				
Quality of work				
Integrity				
Cooperation				
Dependability				
Appearance				
Stability				
OVERALL RATING				

Comments:

Signature/Title of Reference

Date

PEAK Homecare Associates LLC, 17555 Willow View Road, Suite 209, Noblesville IN 46062 ((317) 863-0832

** If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.

Reference Form #2

Company Name: _____

Address: _____

Phone: _____

The individual listed below has applied for a position with PEAK Homecare Associates LLP

Name: _____ Social Security # _____

 Last First Middle initial

The position being applied for is: _____

Applicant's Authorization to Release Information

I hereby give permission for my previous employer to release this referral information about my position with their company and comments regarding my work ethic and character while in their employ.

Applicant's Signature _____ Date of signature _____

THIS SECTION TO BE COMPLETED BY PERSON COMPLETING THIS REFERENCE

Employment Dates: From _____ to _____ Position: _____

Reason for separation: _____

Would you rehire? _____ If no, why not? _____

Since this applicant has given your company as a former employer, we would consider it a favor both to the applicant and to us, if you would give us your opinion. We would greatly appreciate your answers to the following questions in the same way you would request us to complete a similar form for you.

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OVERALL RATING				

Comments:

Signature/Title of Reference

Date

** If reference was contacted by phone, agency staff will document & sign/date encounter on backside of this page.

W-4 form



I-9 form