# Employment Application

Please complete this application as completely and accurately as possible

**PERSONAL INFORMATION** Today’s Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: Last | First | Middle |  | Social Security Number |
| Address |  |  |  | Home Telephone Number |
| City | State | Zip Code |  | Cell Phone / Pager Number |

Are you over the age of 18? □ Yes □ No Nursing License #, if applicable Are you a US Citizen? □ Yes □ No

If no, do you have the legal right and necessary documents

to work in the US? □ Yes □ No School District of Residence (Identity and employment eligibility will be verified as required by law.)

Township of

Residence

HAVE YOU LIVED IN THE STATE OF PENNSYLVANIA FOR AT LEAST TWO CONSECUTIVE YEARS PRIOR TO THE DATE OF THIS APPLICATION? NO YES

## EMPLOYMENT INFORMATION

Position Desired

* Part-time □ Full-time Shift Preference

Salary Requirement Date available for work

|  |  |  |
| --- | --- | --- |
| Do you possess a valid driver’s license? | □ Yes □ No | Driver’s License #  |
| Do you have your own transportation? | □ Yes □ No |  |
| Have you applied here before? | □ Yes □ No | If so, when?  |

How were you referred to us?

* + Classified ad Where did you see ad?
	+ An agency/registry employee Please give us their name:
	+ Other Please tell us:

## QUALIFICATIONS & EXPERIENCE

Education: Did you graduate?

High School College Nursing School Technical Training

* + Yes □ No
	+ Yes □ No
	+ Yes □ No
	+ Yes □ No

Languages spoken in addition to English:

Can you perform all of the job-related functions of the position(s) for which you are applying?

* + Yes □ No If no, please explain:

Do you have current CPR certification? □ Yes □ No Expiration Date:

Why do you want to work for this agency?

## PAST & PRESENT EMPLOYERS

Current Employer:

Name: Address: City: State Zip:

Phone: Position: Date started:

May we contact? □ Yes □ No Salary/Wage: Supervisor:

Past Employers:

Name: Address: City: State Zip:

Phone: Position: Salary/Wage:

May we contact? □ Yes □ No Supervisor

Date started:

Date ended:

Reason for leaving:

Name: Address: City: State Zip:

Phone: Position: Salary/Wage:

May we contact? □ Yes □ No Supervisor

Date started:

Date ended:

Reason for leaving:

**REFERENCES** *(Give work or medical field related references. Do not list relatives or personal friends.)*

Name:

Address:

 Zip

Phone: How I know: Years acquainted:

Name

Address

 Zip

Phone How I know Years acquainted

Name

Address

 Zip

Phone How I know Years acquainted

## CRIMINAL BACKGROUND INQUIRY

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime?

* + Yes □ No If yes, please explain.

Details: *(You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.)*

HAVE YOU SIGNED A RESTRICTIVE COVENANT/NON-COMPETE AGREEMENT OR CONFIDENTIALITY STATEMENT AT A PRIOR JOB?

 NO YES IF YES, PLEASE EXPLAIN

HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED BY AN EMPLOYER FOR CLIENT ABUSE OR NEGLECT?

 NO YES IF YES, PLEASE EXPLAIN

*“I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you.”*

Signature

# Better Living Home Care, LLC HOME HEALTH AIDE

**AGREEMENT OF HOURS TO WORK**

Date:

If offered a position as a direct care professional, I have agreed to be available for scheduling of cases, the following days and times. I understand that I must work at least 8 hours a week to maintain my status at Better Living Home Care, LLC as a Direct Care Professional.

I understand that by committing to and signing this agreement, I will be given a schedule that is suitable to what I have indicated below as my starting availability as a new Home Health Aide with Better Living Home Care, LLC.

I also understand that if I refuse to accept a schedule that I have stated I am available for, I will risk not being assigned any cases / hours to work for an unspecified period of time as it may also lead to being terminated as a Better Living Home Care, LLC employee if there are no available hours.

If in the future, as a Home Health Aide, my schedule availability were to change after starting (i.e., for reasons such as school scheduling, another job, etc. ) I will work with my direct supervisor on my schedule. However, I would continue to remain committed to work the schedule that I would be given initially until such changes would be able to be made.

**Number of hours per week maximum that I am willing to work:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **M** | **T** | **W** | **T** | **F** | **S** | **S** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

In accordance with federal and state law, Better Living Home Care, LLC does not discriminate on the basis of race, disability, color, national origin, age, gender, creed, sexual orientation, or gender identity or expression.

**Face-to-Face Interview Sample**

(NOTE: Use standardized interview questions for all applicants)

Name of Applicant:

Address:

Phone(s):

Email, if applicable:

Job Position(s):

Date of interview: Location:

Interview Conducted by:

(Name) (Title)

ASK ALL QUESTIONS.

1. Are you interested in being on our call off list?
2. Have you had a TB test within the last 12 months?
3. Have you had formal training from another agency in the last 12 moths?
4. Do you have any **PROFESSIONAL** experience in this line of work?
5. Would you have a problem giving a man a bath? Giving a woman a bath?
6. Can you cook meals and do light housekeeping and cleaning?
7. Is it a problem if the client smokes? If the client has a pet?
8. We do drug testing and we are going to need a urine sample. Is that OK?
9. Can you work days or nights?
10. Do you have reliable transportation and vehicle insurance?