



DATE: _____
 RECEIVED BY: _____

PERSONAL INFORMATION

Last Name		First		M.I.	DATE
Street Address				Apartment/Unit #	
City		State		ZIP	
Email		Cell Phone		D.O.B	
Date Available to Start		Social Security #		Alien Registration #	
Position you are applying for:					
Are you a U.S. Citizen?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, are you legally eligible to work in the U.S.?	
		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a misdemeanor?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Have you ever been convicted of a felony?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Are you over 18 years of age?		<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EDUCATION

Circle highest grade completed: Elementary/Middle 6 7 8 High School 9 10 11 12 College 13 14 15 16 17 18 (+)

High School		City, State			
From	To	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Diploma or GED
College		City, State			
From	To	Did you graduate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Degree

REFERENCES

Please provide name, relationship, years known and phone number of three personal references.

Full Name		Phone
Years known		Relationship
City, State		
Full Name		Phone
Years known		Relationship
City, State		
Full Name		Phone
Years known		Relationship
City, State		



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Emergency Contact	Relation	Phone
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PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Fax	
Job Title	From	To	Supervisor
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone	
Address		Fax	
Job Title	From	To	Supervisor
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Company		Phone	
Address		Fax	
Job Title	From	To	Supervisor
Responsibilities			
May we contact your previous supervisor for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

AVAILABILITY		
SUN <input type="checkbox"/> AM (5AM-12PM) <input type="checkbox"/> NOON (12PM-5PM) <input type="checkbox"/> PM (5PM-12AM)	From	To
MON <input type="checkbox"/> AM (5AM-12PM) <input type="checkbox"/> NOON (12AM-5PM) <input type="checkbox"/> PM (5PM-12AM)	From	To
TUE <input type="checkbox"/> AM (5AM-12PM) <input type="checkbox"/> NOON (12PM-5PM) <input type="checkbox"/> PM (5PM-12AM)	From	To
WED <input type="checkbox"/> AM (5AM-12PM) <input type="checkbox"/> NOON (12PM-5PM) <input type="checkbox"/> PM (5PM-12AM)	From	To
THU <input type="checkbox"/> AM (5AM-12PM) <input type="checkbox"/> NOON (12PM-5PM) <input type="checkbox"/> PM (5PM-12AM)	From	To
FRI <input type="checkbox"/> AM (5AM-12PM) <input type="checkbox"/> NOON (12PM-5PM) <input type="checkbox"/> PM (5PM-12AM)	From	To
SAT <input type="checkbox"/> AM (5AM-12PM) <input type="checkbox"/> NOON (12PM-5PM) <input type="checkbox"/> PM (5PM-12AM)	From	To



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Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Yes No

If no, describe the functions that cannot be performed _____

Note: Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a new hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.

What are your means of transportation? Check the one that applies. Bus Self owned car Other

If hired would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States?

Yes No

Do you speak, write or understand any foreign languages? Yes No

If yes, describe which language(s) _____

What do you hope to learn or experience if employed with Absolute Nirvana Home Care Solutions?

What skills do you have that would be useful in this line of work? _____

Tell us about yourself _____

Absolute Nirvana is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Signature

Date

DISCLAIMER AND SIGNATURE

This agency does not discriminate in hiring based on race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status and special disabled veteran's, age, physical, or mental disability. No information requested in this application is intended to secure information to be used for such discrimination.

I voluntarily give this agency the right to make a thorough investigation of my past employment and activities. I also agree to cooperate in such investigation, and release from liability or responsibility all persons, companies, or corporations supplying such information. I consent to take the physical examination, and future physical examinations as may be required. I understand that my employment may be contingent on the completion of the pre-employment requirements, valid proof of identification, 10 Hour Basic Training, current CPR/First Aid Card, 2-Step TB Test/Chest X-ray, LiveScan fingerprinting, current DMV Driving Record, and Human Resource Orientation, as these relate to the essential duties that I would be required to perform.

I understand that my employment is at will; either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form. If employed, I will be required to complete an Employment Verification Form (I-9), present satisfactory evidence of identity and eligibility of employment.



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I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature

Date

AUTHORIZATION TO RELEASE INFORMATION

I _____ authorize my previous employer to release the requested information to Absolute Nirvana Home Care Solutions. I also release the employer from any and all liability resulting from the release of such information. I understand that the employer, if so directed by the court, may release other information.

Position Applied for Personal Care Attendant Other

Applicant Signature

Social Security #

EMPLOYMENT VERIFICATION

Currently Employed Yes No

Dependable Yes No

Dates of Employment

Cooperative Yes No

Eligible for Rehire Yes No

Quality of Work Good Fair Poor

Position Held

Reason for Leaving

Print Name

Title

Signature

Date

Comments



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Currently Employed <input type="checkbox"/> Yes <input type="checkbox"/> No	Dependable <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates of Employment	Cooperative <input type="checkbox"/> Yes <input type="checkbox"/> No
Eligible for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No	Quality of Work <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Position Held	Reason for Leaving
Print Name	Title
Signature	Date

Comments



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TASK AND SKILLS INVENTORY				
Applicant: Please indicate your level of experience in the following areas by checking the appropriate box:				
PERSONAL CARE:				
BED BATH	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
TUB BATH	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
SHOWER	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
ORAL CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
HAIR CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
PERINEAL CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
SKIN/BACK CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
LOTION CARE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
ACTIVITIES				
AMBULATE WITH ASSISTIVE DEVICES	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
STANDING PRACTICE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
SITTING BALANCE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
WHEELCHAIR USE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
TRANSFERS	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
POSITIONING	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
TEACHING ACTIVITIES OF DAILY LIVING (ADL'S)	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
NUTRITION/MEAL PREPARATION				
PREPARE NUTRITIONAL MEALS/SNACKS	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
ASSISTIVE FEEDING	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
MONITOR/RECORD INPUT AND OUTPUT	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
HOMEMAKING				
OCCUPIED BED LINEN CHANGE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
UNOCCUPIED BED LINEN CHANGE	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
LAUNDRY (WASH, DRY, FOLD)	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
LIGHT HOUSEKEEPING (BATHROOM, KITCHEN, & BEDROOM)	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
GROCERY SHOPPING	<input type="checkbox"/> NONE	<input type="checkbox"/> LIMITED	<input type="checkbox"/> MODERATE	<input type="checkbox"/> PROFICIENT
Applicant Name		Applicant Signature		
XXX Representative Name		XXX Representative Signature		