Welcome to

EUROPEAN SERVICE AT HOME INC.

You will need the following in order to start the application process

1) **Driver's License**

2) **Have your own vehicle**

3) **Car insurance**

4) **Social security card**

5) **High school diploma, GED or 3 reference's**

Reset a Form

Print

EUROPEAN SERVICE AT HOME, INC.

APPLICATION FOR EMPLOYMENT

(For this type of employment a Criminal Background Check is required as condition of employment)

This is your responsibility to update any changes in information that you provide at this time on the application.

Position Applied For: _____ Date: _____

How did you hear about us? ☐ Newspaper ☐ Walk-In Other/Website Employee _____

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home: _____ Other: _____

Email: _____

Are you authorized to work lawfully in the United States?	☐ Yes	☐ No
Are you at least 18 years of age?	☐ Yes	☐ No
If you have not had a flu shot in the last 12 months are you willing to get one? If yes, please contact your supervisor to receive a list of locations for flu shot.	☐ Yes	☐ No
How far are you willing to travel for work? *Indicate distance*	☐ 1-30 ml	☐ 30 + ml
Are you looking for temporary or permanent work?	☐ Temp	☐ Perm
Are you able to communicate with English speaking clients? What other languages do you speak?	☐ Yes	☐ No
Do you have reliable transportation? Explain, if needed:	☐ Yes	☐ No
Are you a preferred caregiver?	☐ Yes	☐ No
Are you able to attend mandatory Quarterly In-Service training?	☐ Yes	☐ No
Did you have your Physical Exam and TB test done within last 12 month? If YES, please provide the date:	☐ Yes	☐ No
Are we your secondary employer? If YES, who is your primary employer? *Explain:*	☐ Yes	☐ No
Is this your primary profession (line of work)?	☐ Yes	☐ No
Can you lift 30 pounds and over?	☐ Yes	☐ No

Please indicate the days and times you are available to work:

☐ Days ☐ Nights ☐ Weekends ☐ Weekday Live In ☐ Weekend Live In

MONDAY	from		to	
TUESDAY	from		to	
WEDNESDAY	from		to	
THURSDAY	from		to	
FRIDAY	from		to	
SATURDAY	from		to	
SUNDAY	from		to	

Comments (please list any problems, possible changes, etc. that would affect your availability or explain any situation):

WWW.EUROPEANSERVICE.ORG

List your last three (3) Employers, assignments or volunteer activities; starting with most recent, including military experience. Explain any gaps in employment in the comment section below.

Current Employer ☐ No ☐ Yes

1) Employer: Phone:

Street City State Zip

Address:

Job Title Immediate Supervisor and Title

Reason for Leaving:

FROM	TO	Summarize the nature of the work performed and job responsibilities

May we contact for reference? ☐ Yes ☐ No ☐ Later

Current Employer ☐ No ☐ Yes

2) Employer: Phone:

Street City State Zip

Address:

Job Title Immediate Supervisor and Title

Reason for Leaving:

FROM	TO	Summarize the nature of the work performed and job responsibilities

May we contact for reference? ☐ Yes ☐ No ☐ Later

Current Employer ☐ No ☐ Yes

3) Employer: Phone:

Street City State Zip

Address:

Job Title Immediate Supervisor and Title

Reason for Leaving:

FROM	TO	Summarize the nature of the work performed and job responsibilities

May we contact for reference? ☐ Yes ☐ No ☐ Later

Comment (include explanation of any gaps in employment):

Summarize any special skills and/or qualifications that may qualify you for work at our company:

Education Information:

NAME AND LOCATION	YEARS	DEGREE	MAJOR
High School			
College			
Other			

List any certifications you currently possess:

- ☐ Certified Nursing Assistant
- ☐ Certified Medicine Aide
- ☐ Geriatric Nursing Assistant
- ☐ Certified Home Health Aide
- ☐ Certified Medical Technician
- ☐ CPR Certified
- ☐ First Aid Certification
- ☐ Personal Support Worker

Other:

Personal References:

NAME	RELATION	CONTACT phone/email	YEARS KNOWN
Title:			
Title:			
Title:			

Emergency Contact:

NAME/RELATION	TELEPHONE

The undersigned hereby understands and agrees that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if employed.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an Equal Opportunity Employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a base prohibited by local, state or federal law.

I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make assurances to the contrary.

Under penalties as provided by law pursuant to Section 1-109 of the Illinois Code of Civil Procedure (735 ILCS 5/1-109), the Undersigned hereby certifies that the statements set forth herein are true and correct.

Signature of Applicant: _____ Date:

Interviewed by: _____ Date:

Comments:

Voluntary Affirmative Action
Equal Employment Opportunity Data Form

In an effort to comply with government agencies requirements to report on status of applicants, we are collecting the data provided on this form. This data is for analysis and affirmative action only. Submission of this information is voluntary. If you decide not to supply this information it will not jeopardize or adversely affect any consideration you may receive for employment, or advancement in employment later.

Name: _____
Last First Initial

Position: _____

Date: _____

Sex: Male_____ Female_____

Check if the following is applicable:

Ethnic Category:

_____- Hispanic or Latino- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

_____-White (Not Hispanic or Latino)- A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____-Black or African American (Not Hispanic or Latino)- A person having origins in any of the black racial groups of Africa

_____-Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____-Asian (Not Hispanic or Latino)- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____-American Indian or Alaska Native (Not Hispanic or Latino)- A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____-Two or more races (not Hispanic or Latino)-All persons who identify with more than one of the above five races.

Veteran:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Veteran

Disability:

☐ Disabled Individual

Please identify where you learned about an employment opportunity with our organization.

☐ Newspaper Ad ☐ Employee Referral ☐ Recruiter ☐ Temporary Service
☐ Tech School/College Placement ☐ State Employment Service ☐ Other

_____I choose not to complete this form.

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State of Illinois
Illinois Department of Public Health

Health Care Worker Background Check

Authorization and Disclosure for Criminal History Records Information (CHRI) Check

I hereby authorize the Illinois Department of Public Health (the Department), the Department's designee, educational entities that train and/or test health care workers, staffing agencies, my current or potential employer, or a health care facility where I want to volunteer to initiate/request a CHRI check on me. I further authorize the Illinois State Police (ISP) and/or the Federal Bureau of Investigation (FBI) to release information relative to the existence or nonexistence of any criminal record, which it might have concerning me, to any initiator/requestor solely to determine my suitability for training or testing in a health care training program, employment, continued employment, or to work as a volunteer. I further authorize any entity that maintains criminal records relating to me, including but not limited to a local unit of government in any State, to release those records to the ISP, FBI, or the Department. I authorize the Department to provide any health care facility, training program. or staffing agency, to which I have provided this authorization and disclosure form, a copy of my ISP CHRI and a determination of eligibility of the FBI CHRI. I certify that the ISP, FBI, any entity that maintains criminal records, the Department, and any of their employees or officers who furnish this information shall be held harmless from all liability, which may be incurred as a result of releasing such information. I further acknowledge that a educational entity or health care employer shall not be liable for the failure to hire or retain me as an applicant, student, employee, or volunteer if I have been convicted of committing or attempting to commit one or more of the offenses stated in the Health Care Worker Background Check Act (225 ILCS 46/25)

I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment, training, or volunteering, if discovered after employment, training, or volunteering begins, and can result in discipline up to and including my termination of employment, being a volunteer, or a student.

I understand that the information requested below regarding gender, race, height, eye color, hair color, weight, place of birth and date of birth is for the sole purpose of identification and the accurate gathering of the criminal history record information, and that it will not be used to discriminate against me in violation of the law. I understand that the provision of my Social Security number is required by law. A facsimile or photographic copy of this authorization will be as valid as the original.

First Name _____ Full Middle Name _____ Last Name _____

Mailing Address _____ City: _____ State: _____ Zip Code _____

Other Names Used _____ Telephone _____ - _____ - _____

States Where You Have Lived? _____ Place of Birth (State or Country if not US): _____ Hair Color _____ Weight _____

☐ Male ☐ Female Date of Birth _____ Height _____ Eye Color _____ Social Security Number _____ - _____ - _____

Race
- **A** Chinese, Japanese, Filipino, Korean, Polynesian, Indian, Indonesian, Asian Indian, Samoan, or any other Pacific Islander.
- **B** Black or African American (Not Hispanic or Latino)
- **H** Hispanic or Latino (Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin)
- **I** American Indian, Eskimo, or Alaskan native, or a person having origins in any of the 48 contiguous states of the United States or Alaska who maintains cultural identification through tribal affiliation or community recognition.
- **U** Of undeterminable race. Of Untold mixture.
- **W** Caucasian (not Hispanic or Latino)

Have you ever had an administrative finding of Abuse, Neglect or Theft? ☐ Yes ☐ No If "Yes," give full details and state. Continue on back if more space is needed.

Have you ever been convicted of a criminal offense other than a minor traffic violation (do not include convictions that have been expunged, sealed or adjudicated delinquent)? ☐ Yes ☐ No If "Yes," give full details of each offense and the state in which convicted. Continue on back if more space is needed.

I certify that the above is true and correct and give my consent for my name to appear on Department's Health Care Worker Registry with the results of my criminal history records check.

_____ _____
(Signature) (Date)

As the parent or guardian of the above named individual, who is younger than the age of 17, I give my consent for this named individual to have a criminal history records check.

_____ _____
(Signature of Parent or Guardian when applicable) (Date)

Health Care Worker Registry, 525 W. Jefferson St., Springfield, IL 62761 Phone: 217-785-5133

EUROPEAN SERVICE AT HOME INC.
JOB DESCRIPTION

Job Title: Home Care Aide/Caregiver
Employee Name: _____
Date: _____

Supervised by: _____
Prepared by: HR
Approved by: Administrator

Job Summary: Responsible for care for elderly and disabled individuals who are living in their own homes or other residential facilities and need help with household tasks and activities of daily living. The HCA reports directly to the assigned supervisor at EUROPEAN SERVICE AT HOME, INC.

DUTIES AND RESPONSIBILITIES:

Demonstrates Competency in the Following Areas:

- Complies with all applicable company policies and procedures.
- HCA CANNOT SERVE CLIENT AT NURSING, HOSPITAL OR OTHER LONG TERM FACILITY.
- MUST SERVE CLIENT ONLY AT HER/HIS RESIDENCE.
- CANNOT WORK OVERTIME HOURS OR OVER AUTHORIZED LIMIT OF HOURS WITHOUT AN APPROVAL FROM THE DIRECT SUPERVISOR.
- Scheduled service hours cannot be changed nor modified without the authorization from the direct supervisor
- When providing in-home services strictly follows a participant/client's written Plan of Care;
- Reports to the Supervisor with any temporary changes or deviations from the Plan of Care or schedule;
- Carries out duties as assigned by the Supervisor.
- Performs routine housekeeping tasks, such as making and changing beds; dusting; washing dishes; vacuuming; keeping the kitchen and bathroom clean; doing laundry.
- Provides hands on physical assistance for toileting, bathing and other related activities of daily living (ADL.)
- Plans, shops for, and prepares nutritious meals, or assists participant/client in planning, shopping for, and preparing nutritious meals; assists with meals, including serving meals and feeding.
- Assists with written special diet plan following and reinforces maintenance of the diet.
- Assists with transporting and transferring participants as needed.
- Assists, teaches, and/or performs patient clothing care and assists client during the physical therapy under the supervision of licensed medical personnel.
- Treats clients/employees and their families with respect and dignity.
- Observes participant/client's functioning and health condition, and reports it to Supervisor; reports any status changes such as client phone number.
- Provides necessary receipts and documentation in case of essential shopping/errands, and fills out "Two-Way Receipt."
- MUST use electronic clock in and out system correctly and on time, using client's home/landline phone.
- MUST report to Supervisor as soon as possible any changes in schedule.
- MUST notify supervisor immediately if you forget to clock in or clock out, and MUST submit timesheet with Client's signature (original) as soon as possible but no later than 5:00 PM the payroll scheduled due date.
- MUST submit a Monthly Homemaker Service Report with the client's original signature no later than 10th of following month.
- **Calls 911** in case of emergencies and then contacts direct Supervisor.
- Reports to the Supervisor as soon as possible with any absences and/or coming late, but no later than two hours before the regularly scheduled start time.
- Protects own health and health of others by adopting safe work practices, reporting unsafe conditions immediately, and attending all relevant in-services regarding occupational health and safety.
- Maintains professional, friendly, courteous, caring relationship/atmosphere with all staff members.
- Works in team to assure accomplishment of the company's goals.
- HCA IS NOT ALLOWED TO PERFORM MEDICAL TASKS, such as:
  a. Administer shots, including insulin.
  b. Pour any medication or place medication in the patient's mouth.
  c. Administer any enema.
  d. Administer eye drops.
  e. Change the dressing on a wound.
  f. Cut the patient's finger-or-toe nails.
  g. Administer prescription lotions.

Professional Requirements:

- Adheres to dress code, appearance is neat and clean.
- Demonstrates the ability to effectively follow written and oral directions and instructions.
- Attends quarterly in-service trainings and staff conferences.
- Reports to work on time and as scheduled, completes work within designated time.
- Maintains client confidentiality at all times.
- Cooperates with other staff members and different offices.
- Works in the atmosphere of joint effort, solidarity, and support.
- Represents the company in a positive and professional manner in the community.
- Actively participates in performance improvement and continuous quality improvement (CQI) activities.
- Ensures compliance with policies and procedures regarding operations, fire, safety and infection control.
- Complies with all organizational policies regarding ethical business practices.
- Communicates the mission, ethics and goals of the company.

Regulatory Requirements:

- Must be at least eighteen (18) years of age.
- Must have legal authorization to work in the United States of America.
- High school diploma or GED equivalent is required or one year of documented supervised work experience in the community care program (CCP) or one year of employment in a comparable human service capacity, or experience in care for a dependent child or adult family member.
- Must complete the EUROPEAN SERVICE AT HOME pre-service training program and achieve a score of 85% or greater; or provide evidence of 25 hours of prior supervised training as a home care aide/caregiver within two years.
- Must submit to and pass a pre-employment background check.
- Prior experience in working with the elderly population preferred.

Language Skills:

- Able to communicate effectively in English, both verbally and in writing.
- Additional languages preferred.

Skills:

- Excellent human relations skills with the ability to communicate effectively and deal courteously with the participants/clients, their families, fellow employees, public on the telephone or in person even though they may be irate and unreasonable at times.
- Knowledge of all aspects of In-Home Care.

Physical Demands:

- Be in good physical health and provide TB test documentation.
- Must possess physical and mental ability to work independently.
- Work is typically performed standing and sitting; however, walking, bending, stooping, reaching and lifting objects weighing up to thirty (30) pounds is required on an intermittent basis.
- Works indoors and outdoors. Occasional trips with participants/clients may be taken to locations outside their homes, such as to physicians' offices or on outings, using a motor vehicle.

CODE OF CONDUCT

The code of conduct includes, but is not limited to the following. Violation(s) may be cause for disciplinary action, including termination.

1. *Attendance*

The Company expects you to begin work at the assigned time. You are very important to the smooth running of our organization. Absence and tardiness can create a hardship to the overall operations, other employees and the other customer service we provide. Therefore absence and tardiness may be cause for disciplinary action, including termination.

If you will be late or absent, you must personally notify your Supervisor as soon as possible, but no later than two hours before your regularly scheduled start time. Asking a friend or relative, friend or another person to call for you is not acceptable except in a case where you are physically unable to make the call. If you fail to report to work or call in you will be considered to have abandoned your position. If you are absent due to illness for 3 or more days, the Company reserves the right to request a medical verification of your illness, and you may be required to furnish a physician's return to work statement prior to returning to work.

Three (3) consecutive days of unauthorized absence shall be considered job abandonment and thus treated as an employee resignation.

2. *Tardiness*

Two instances within 1 month and subsequent occurrences will require disciplinary action. A routine work week runs Monday through Friday, and in some instances, Saturday and Sunday. All employees must report promptly and be ready for work at the assigned time.

3. *Soliciting*

Employees are prohibited from soliciting or collecting money/help in any form from clients for personal purposes, charities, religious organizations or for any other organization or purpose. Employees are not to solicit business or sell any products to clients or other employees.

4. *Gifts*

Employees are forbidden from accepting or soliciting gifts in any form from clients of the Company. Employees are forbidden from accepting or soliciting money as a gift or as a loan.

5. *Reading*

Reading of newspapers, magazines, periodicals or books is prohibited during working hours unless authorized by the client or client's family (and only after the duties of the Plan of Care are completed.)

6. *Food*

Employees are not to eat the client's food. If you are assigned to a client during lunch hour, provide yourself with a sack lunch.

7. *Television*

Employees are prohibited from watching television while on duty unless authorized by the client or client's family (and only after the duties of the Plan of Care are completed.)

8. *Cell Phone*

Employees are prohibited from using cell phone while on duty unless authorized by the client or client's family.

9. *No Smoking*

The adverse health effects to both smokers and non-smokers make it imperative that we set a public example of dedication to a clean, safe, healthy working environment. Accordingly smoking is not permitted anywhere in the office or patient's home.

10. *Children*

Employees are prohibited from bringing their children to the client's home. Therefore, bringing children to the client's home may be cause for disciplinary action, including termination.

11. *Visitors*

Employee visitors are strictly prohibited in the client's home. Employees cannot take anyone to a client's home. This would include relatives or friends. Therefore, bringing visitors to the client's home may be cause for disciplinary action, including termination.

12. *Vehicles*

Employees are prohibited from transporting clients in their own personal vehicles, except as authorized by the client's Plan of Care. If transportation services are not a part of the clients Plan of Care then the Company does not ensure any coverage while employee is on duty of shopping or running errands. Therefore, if an employee's vehicle is damaged, stolen, or involved in an accident during working hours the employee is responsible, but not the company.

13. *Unauthorized Substances*

Use of illegal drugs at any time is prohibited. Being under the influence of, possessing or consuming alcoholic beverages at work is prohibited. Either of these will be cause for termination.

14. *Breach of Confidentiality*

Relating any confidential information regarding clients, their families, or other employees to unauthorized persons is grounds for immediate dismissal.

15. *Assault*

An employee shall not fight or cause bodily harm, or make or imply threats to clients, families, or co-workers. Violation of this rule is cause for immediate dismissal.

16. *Falsification of records*

The employee must not deliberately falsify work hours or alter service records. EMPLOYEES WHO FALSIFY OR FORGE TIMESHEETS OR EVV RECORD WILL BE SUBJECT TO IMMEDIATE DISCHARGE AND LEGAL ACTION.

17. *Insubordination*

Insubordination is refusal or failure to obey reasonable instructions or perform a job assignment given by a Supervisor. If any employee knows or believes his/her or another person's health or safety is or would be endangered by the ordered action, the employee may refuse or accept such order.

18. *Theft*

It is the Policy of the Company to discharge immediately any employee convicted of theft or admitting to a theft from a client. Any allegations will be related to the worker as soon as possible for immediate attention.

19 *Safety*

Engaging in grossly negligent conduct that endangers the safety of the employee, co-workers or clients will be grounds for termination.

20 *Qualifications*

Failing to maintain required licenses, registrations and certifications for the job are subject to disciplinary action including possible termination.

21*. Company Documents*

Falsifying an employment application or other documentation to secure a job with the Company is grounds for termination. Falsification of any Company documents is grounds for termination.

22. *Company/Client Property*

Damaging Company/client property through grossly negligent conduct will not be tolerated and is grounds for termination.

Disclaimer: This is not necessarily an exhaustive list of all responsibilities, skills, tasks, requirements, efforts or working conditions associated with the job. While this is intended to be an accurate reflection of the current job, management reserves the right to modify essential functions of the job, or to require that other or different tasks be performed when circumstances change (i.e. emergencies, changes in personnel, workload, rush jobs or technical developments.

I have received, read and understand the above job description and can perform the essential functions of the job with or without reasonable accommodation. In the event I need future reasonable accommodation(s) it is my responsibility to submit that request in writing to management for review.

Printed Name: _____

Signature: _____ Date: _____

EUROPEAN SERVICE AT HOME, INC.
520 N. Hick Rd., Palatine IL 60067
Tel: (847)202.1249 Fax: (847)202.3266

Caring for you is our business

www.europeanservice.org
help@europeanservice.org

Physical Activity Inventory

Please indicate how frequently you can perform these physical activities by putting an "X" in the appropriate column

Physical activities required in this position	*Rarely*	*Occasionally*	*Frequently*	*Never*
Sitting: when traveling to patient's home and may choose to sit while completing comprehensive duties	☐	☐	☐	☐
Standing:	☐	☐	☐	☐
Walking	☐	☐	☐	☐
Ability to be mobile	☐	☐	☐	☐
Bending/stooping during provision of patient care	☐	☐	☐	☐
Kneeling/Crawling during the provision of patient care	☐	☐	☐	☐
Twisting (knees/waist/neck)	☐	☐	☐	☐
Climbing stairs, in & out of a car	☐	☐	☐	☐
Balancing	☐	☐	☐	☐
Reaching Overhead/Extension to administer patient care services, treatments & procedures.	☐	☐	☐	☐
Grasping objects, including medical supplies, equipment, human body, writing instruments	☐	☐	☐	☐
Pick up small objects	☐	☐	☐	☐
Eye /Hand coordination	☐	☐	☐	☐
Position requires individual to:	☐	☐	☐	☐
Push/Pull. Use upper extremities to push and/or pull objects, including human body, in a sustained motion.	☐	☐	☐	☐

Lift/Carry:	***Rarely***	***Occasionally***	***Frequently***	***Never***
Less than 20 pounds	☐	☐	☐	☐
Typical Weight 20 to 50 pounds	☐	☐	☐	☐
Maximum Weight 75-100 pounds	☐	☐	☐	☐
Sensory Activities:	☐	☐	☐	☐
Talking in person	☐	☐	☐	☐
Talking on the telephone	☐	☐	☐	☐
Hearing in person	☐	☐	☐	☐
Hearing on telephone Vision: Normal Range	☐	☐	☐	☐
With or without corrective lenses	☐	☐	☐	☐
Environmental Considerations	☐	☐	☐	☐
Driving a car in all weather conditions	☐	☐	☐	☐
Providing services in variety of environments	☐	☐	☐	☐
Potential for exposure to infectious disease	☐	☐	☐	☐
Ability to manage clinical equipment/machines	☐	☐	☐	☐
Exposure to inclement weather	☐	☐	☐	☐
Protective Equipment required (Gloves, eyewear, mask, etc.)	☐	☐	☐	☐

Signed: _____ Date: _____/ _____/_____

EUROPEAN SERVICE AT HOME, INC.
520 N. Hick Rd., Palatine IL 60067
Tel:(847)202-1249 Fax:(847) 496-5963

Caring for you is our business

www.europeanservice.org
hr@europeanservice.org

EMPLOYEE HEALTH EVALUATION FORM

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Home:: _____ Other: _____

In Case of Emergency Notify: _____ Telephone: _____

Social Security: _____ Date of Birth: _____ Sex: M ☐ F ☐

Do you have any allergies to (*circle all that apply*)

A. Latex or vinyl **B.** Chemicals/household products **C.** Soaps/personal care products
D. Food **E.** Pollens/dusts **F.** Certain types of clothing/gloves **G.** Cats/ Dogs

Check the box that describes the communicable diseases, vaccinations, or antibody titers you have had. **Please include the date(s) of vaccinations or titer completion.**	Disease Yes	Disease No	Vaccine Yes	Vaccine No	Date
Rubeola (red measles – 7 day)	☐	☐	☐	☐	
Rubella (German measles – 3 day)	☐	☐	☐	☐	
Mumps	☐	☐	☐	☐	
Hepatitis B	☐	☐	☐	☐	
Chicken Pox	☐	☐	☐	☐	
Tetanus / Diphtheria	☐	☐	☐	☐	
Polio	☐	☐	☐	☐	
Pneumococcal	☐	☐	☐	☐	
Tuberculosis	☐	☐	☐	☐	

If you have had a positive TB skin test, date of skin test conversion: _____

Last Chest X-ray date : _____ Result : _____

Last Blood test date: _____ Result : _____

Can you lift 25 pounds and over ☐ Yes ☐ No

ENTER YOUR INITIALS TO CONFIRM YOU DID READ NEXT THREE SENTENCES:

_____Please note that if you are pregnant or planning pregnancy, please discuss the occupational risks peculiar to your position (such as exposure to communicable diseases, exposure to cleaner / disinfectant fumes, lifting) with your physician.

_____If you have any conditions that may prevent you from performing assigned duties satisfactorily, these must be discussed with your employer. All information will be kept confidential.

_____The information on this health evaluation is complete and accurate to the best of my knowledge. I hereby certify that I am free of any physical, mental, or emotional condition that would be detrimental to the well-being of those in my care.

Employee Signature _____ Date _____

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EUROPEAN SERVICE AT HOME INC.

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www.europeanservice.org
help@europeanservice.org

REFERENCE REQUEST

Name of Applicant: _____

Position Applied for: _____

To: _____

I have made an application to European Service at Home Inc. for employment. I request and authorize you to release all information regarding my employment records, habits, ability and reason for leaving.

Date: _____ Applicant Signature: _____

TO BE COMPLETED BY FORMER EMPLOYER

Employed from _____ to _____ as (position) _____

Reason for Leaving: _____

_____

Would you re-hire? Yes ☐ No ☐ If not, why? _____

_____

	Above Average	Average	Below Average
Applicant's Health:			
Attendance:			
Cooperation:			
Dependability:			
Initiative:			
Quality of Work:			

Other comments/remarks: _____

_____

Signed: _____

Title: _____

Date: _____

EUROPEAN SERVICE AT HOME, INC.
520 N. Hick Rd., Palatine IL 60067
T.: 847.202.1249, ext. 311; F.: 847.496.5963

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www.europeanservice.org
hr@europeanservice.org

REFERENCE REQUEST

Name of Applicant: _____

Position Applied for: _____

TO BE COMPLETED BY SUPERVISOR/HCR REGARDING THE PREVIOUS EMPLOYERS

Employer Name: _____ Phone Number: _____

Employed from_____ to _____ as (position) _____

Reason for Leaving: _____ would you're-hire? Yes _____ No _____ If not, why? _____

Other comments/remarks: _____

Attendance:	Cooperation:	Dependability:	Initiative:	Quality of Work:	
					Above Average
					Average
					Below Average

Employer Name: _____ Phone Number: _____

Employed from_____ to _____as (position) _____

Reason for Leaving: _____ would you're-hire? Yes _____ No _____ If not, why? _____

Other comments/remarks: _____

Attendance:	Cooperation:	Dependability:	Initiative:	Quality of Work:	
					Above Average
					Average
					Below Average

Employer Name: _____ Phone Number: _____

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Other comments/remarks: _____

Attendance:	Cooperation:	Dependability:	Initiative:	Quality of Work:	
					Above Average
					Average
					Below Average

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

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