



## Employment Application for Caregiver / CNA / HHA / PCA

Personal Information	
<b>Full Name</b>	Last: _____ First: _____ Middle Initial: _____
<b>Address</b>	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
<b>Phone</b>	Home: _____ Cell: _____ Other: _____
<b>Email</b>	Email Address: _____
<b>Date of Birth</b>	Month: _____ Day: _____ Year: _____
<b>SSN</b>	Social Security Number: _____
<b>Language</b>	What language(s) do you speak? _____ _____
<b>Emergency Contacts</b>	Name and phone number of person to contact in the event of an emergency: Name: _____ Phone No.: _____ Name: _____ Phone No.: _____
<b>General</b>	<p>Have you ever been investigated for abuse, neglect or domestic violence? _____ Yes _____ No If yes, please explain: _____ _____ _____</p> <p>Have you ever entered a plea of guilty or nolo contendere to or been convicted of a felony or of anything other than a minor traffic violation? _____ Yes _____ No If yes, please state the basis for each conviction and the date of the conviction: _____ _____ _____</p> <p>(A "Yes" answer does not automatically disqualify you from employment. The nature of the offense, date and the position for which you are applying will also be considered.)</p>



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	<p>Has your driver's license ever been suspended or revoked? _____ Yes _____ No</p> <p>If yes, please explain:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Have you ever been bonded? _____ Yes _____ No</p> <p>Have you ever been denied bond coverage? _____ Yes _____ No</p> <p>Are you a U.S. citizen? _____ Yes _____ No</p> <p>Are you authorized to work in the U.S.? _____ Yes _____ No</p>
<b>Education and Training</b>	
<b>Formal</b>	<p>High School Name: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Did you graduate? _____ Yes _____ No</p> <p>G.P.A. _____</p>
	<p>College/Business/Trade School Name: _____</p> <p>Address: _____</p> <p>Phone Number: _____</p> <p>Did you graduate? _____ Yes _____ No</p> <p>G.P.A. _____ Course of Study _____</p> <p>I understand if requested, I must provide a transcript and/or diploma from the school or university I attended as proof of enrollment. _____ Yes _____ No</p>
<b>Informal</b>	<p>Do you have current First Aid Certification (state level): _____ Expiry Date: _____</p> <p>Do you have current CPR? _____ Expiry Date: _____</p> <p>Have you taken a food safety course? _____</p> <p>Other: _____</p> <p style="text-align: center;">(Specify)</p>
<b>Desired Salary</b>	<p>What starting salary do you expect? _____</p> <p>Per Hour _____</p>
<b>Restrictions</b>	
<b>Work Limitations</b>	<p>List any work limitations that you may have and briefly describe:</p> <p>Hearing: _____ Yes _____ No _____</p> <p>Speech: _____ Yes _____ No _____</p>



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	Lifting: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Health: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Physical: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Emotional: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Other: <input type="checkbox"/> Yes <input type="checkbox"/> No _____	
<b>Availability for Work</b>		
<b>Hours &amp; Days Available for Work</b>	<input type="checkbox"/> PRN (as needed) <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Short notice <input type="checkbox"/> Split shift  Please indicate days and hours available for work. Please leave the days you are unavailable blank:  <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> Sunday  <input type="checkbox"/> Monday  <input type="checkbox"/> Tuesday  <input type="checkbox"/> Wednesday  <input type="checkbox"/> Thursday  <input type="checkbox"/> Friday  <input type="checkbox"/> Saturday         </div> <div style="width: 35%;">           From: _____            From: _____            From: _____            From: _____            From: _____            From: _____            From: _____         </div> <div style="width: 30%;">           To: _____            To: _____            To: _____            To: _____            To: _____            To: _____            To: _____         </div> </div> How many hours are you willing to work per week? _____ Are you available to work on holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>Type of Work Seeking</b>	
	<b>Type of Position(s) Preferred</b>	<input type="checkbox"/> Caregiver <input type="checkbox"/> CNA / HHA / PCA <input type="checkbox"/> Live-In <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div> Live-in care usually requires that you stay in a client's home continuously for 3-5 days at a time every week. Indicate which shifts you will accept: <input type="checkbox"/> Weekdays (Monday a.m. to Friday a.m.) <input type="checkbox"/> Weekends (Friday a.m. to Monday a.m.)
<b>Clients <u>Not</u> Willing/Able to Work With</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Dementia/Alzheimer's  <input type="checkbox"/> Smoker  <input type="checkbox"/> Mental Retardation  <input type="checkbox"/> Behavioral Disorder  <input type="checkbox"/> Elderly (over 65)  <input type="checkbox"/> Children  <input type="checkbox"/> Other: _____         </div> <div style="width: 45%;"> <input type="checkbox"/> Physical Disability  <input type="checkbox"/> Pets  <input type="checkbox"/> Female  <input type="checkbox"/> Male  <input type="checkbox"/> Client use of marijuana for medicinal purposes  <input type="checkbox"/> HIV Positive/Aids         </div> </div> <div style="text-align: right;"><i>(Specify)</i></div>	



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<b>Duties <u>Not</u> Willing/Able to Perform</b>	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Bathing  <input type="checkbox"/> Grooming  <input type="checkbox"/> Oral Care  <input type="checkbox"/> Dressing  <input type="checkbox"/> Bowel Care  <input type="checkbox"/> Bladder Care  <input type="checkbox"/> Feeding  <input type="checkbox"/> Ambulation         </div> <div> <input type="checkbox"/> Housekeeping  <input type="checkbox"/> Laundry  <input type="checkbox"/> Meal Preparation  <input type="checkbox"/> Shopping  <input type="checkbox"/> Transportation  <input type="checkbox"/> Medication Reminding  <input type="checkbox"/> Gentle Reassurance  <input type="checkbox"/> Other: _____  <div style="text-align: right;">(Specify)</div> </div> </div>
<b>Experience</b>	Indicate which of the following you have experience in: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Bathing/Showering  <input type="checkbox"/> Grooming  <input type="checkbox"/> Personal Hygiene  <input type="checkbox"/> Dressing  <input type="checkbox"/> Bowel Care  <input type="checkbox"/> Bladder Care  <input type="checkbox"/> Feeding  <input type="checkbox"/> Ambulation  <input type="checkbox"/> Toileting         </div> <div> <input type="checkbox"/> Housekeeping  <input type="checkbox"/> Laundry  <input type="checkbox"/> Meal Preparation  <input type="checkbox"/> Shopping  <input type="checkbox"/> Transportation  <input type="checkbox"/> Medication Reminding  <input type="checkbox"/> Gentle Reassurance  <input type="checkbox"/> Socialization  <input type="checkbox"/> Other: _____  <div style="text-align: right;">(Specify)</div> </div> </div>
<b>Assignment Location</b>	Please indicate the areas you are willing to work and/or travel to: <input type="checkbox"/> St. Louis City <input type="checkbox"/> North County <input type="checkbox"/> South County <input type="checkbox"/> West County <input type="checkbox"/> St. Charles <input type="checkbox"/> Other: _____ <div style="text-align: right;">(Specify)</div>
<b>Transportation</b>	
<b>Type</b>	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____ <div style="text-align: right;">(Specify)</div>
<b>Driver's License</b>	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Transporting Clients</b>	Are you willing to transport clients in your private vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have adequate vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to drive a client's vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to escort a client in their own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you willing to escort a client on public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____ _____ _____



Work History and References	
<b>Work Experience (Present or Last Position)</b>	Company Name: _____ Address: _____ Telephone No.: _____ Supervisor's Name: _____ Position Held: _____ Dates of Employment: From: _____ To: _____ Duties Performed: _____ _____ Reason for Leaving: _____ Starting Salary: _____ May we contact this employer? _____ Yes _____ No
<b>Work Experience (2<sup>nd</sup> Last Position)</b>	Company Name: _____ Address: _____ Telephone No.: _____ Supervisor's Name: _____ Position Held: _____ Dates of Employment: From: _____ To: _____ Duties Performed: _____ _____ Reason for Leaving: _____ Starting Salary: _____ May we contact this employer? _____ Yes _____ No
<b>Work Experience (3<sup>rd</sup> Last Position)</b>	Company Name: _____ Address: _____ Telephone No.: _____ Supervisor's Name: _____ Position Held: _____ Dates of Employment: From: _____ To: _____ Duties Performed: _____ _____ Reason for Leaving: _____ Starting Salary: _____ May we contact this employer? _____ Yes _____ No
<b>Other Work Related Experience</b>	Please list any other work related information you think would be helpful to us in considering you for provision of services, such as competency, additional work or professional experience, volunteer work, activities, accomplishments, etc. _____ _____ _____



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	Please list two individuals with whom you have worked who were able to evaluate your performance.
<b>Reference #1</b>	Name: _____ Company: _____ Title: _____ Nature of Relationship ( <i>co-worker, supervisor, etc.</i> ): _____ Phone No. _____
<b>Reference #2</b>	Name: _____ Company: _____ Title: _____ Nature of Relationship ( <i>co-worker, supervisor, etc.</i> ): _____ Phone No. _____
	How did you hear about us? _____ Search Engine _____ Job Board _____ Employee _____ Other: _____ <div style="text-align: right;">(Specify)</div>

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to Hosanna Home Care Services and I hereby release and discharge any of the above and Hosanna Home Care Services from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment for certain positions may be conditional upon successful completion of a substance abuse screening test and a criminal background check.

I further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date