## JOB APPLICATION

## Truly Helping Hearts LLC 2 Bala Plz, Bala Cynwyd, Pennsylvania 19004 1-866-848-1004 Or 267-241-1351

Truly Helping Hearts LLC 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. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: Applicant Information **Applicant Name:** Address: City, State and Zip Code: Telephone Number: **Email Address:** Date of Application: **Employment Position** Position(s) applying for: HHA/Caregiver How did you hear about this position? What days are you available for work? What hours or shift are you available for work? On what date can you start working if you are hired? Do you have reliable transportation to and from work? Personal Information Are you 18 years of age or older? Yes No Are you a U.S. citizen or approved to work in the United States? Yes No What document can you provide as proof of citizenship or legal status? Do you have any condition which would require job accommodations? Yes Nο If yes, please describe accommodations required below. Have you ever been convicted of a criminal offense (felony or misdemeanor)? Yes No If yes, please state the nature of the crime(s), when and where convicted and disposition of the case: Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Truly Helping Hearts LLC 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 hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

## **Education and Training**

**High School** 

| Name_   | Location (City, State)                   | Year Graduated | Degree Earned |
|---|--|----------------|---------------|
| College/University  |  |                |               |
| Name  | Location (City, State)                   | Year Graduated | Degree Earned |
|   |  |                |               |
| Vocational School/Specialized Tra                                       |  |                |               |
| Name  | Location (City, State)                   | Year Graduated | Degree Earned |
| A4117   |  |                |               |
| Military:   | on deced                                 |                |               |
| Are you a member of the Armed Se<br>What branch of the military did you | ·  |                |               |
| What was your military rank when o                                      |  |                |               |
| How many years did you serve in the                                     |  |                |               |
|   |  |                |               |
| What military skills do you possess                                     | that would be an asset for this position | on?            |               |
|   |  |                |               |
|   |  |                |               |
| Previous Employment   |  |                |               |
| Employer Name:  |  |                |               |
| Job Title:  |  |                |               |
| Supervisor Name:  |  |                |               |
| Employer Address:   |  |                |               |
| City, State and Zip Code:   |  |                |               |
| Employer Telephone:   |  |                |               |
| Dates Employed:   |  |                |               |
| Reason for leaving:   |  |                |               |
| Employer Name:  |  |                |               |
| Job Title:  |  |                |               |
| Supervisor Name:  |  |                |               |
| Employer Address:   | -  |                |               |
| City, State and Zip Code:   |  |                |               |
| Employer Telephone:   |  |                |               |
| Dates Employed:   |  |                |               |
| Reason for leaving:   |  |                | _             |
| Employer Name:  |  |                |               |
| Job Title:  | -  |                |               |
| Supervisor Name:  |  |                |               |
| Employer Address:   |  |                |               |
| City, State and Zip Code:   |  |                |               |
| Employer Telephone:   |  |                |               |
| Dates Employed:   |  |                |               |
| Reason for leaving:   |  |                |               |
| <u>References</u>   |  |                |               |
| Please provide 2 personal and profe                                     | ssional reference(s) below:              |                |               |
|   |  |                |               |

| Reference | Contact Information |
|-----------|---------------------|
|           |                     |
|           |                     |

## **Additional Information:**

| Emergency contact  |        |  |  |
|--|--------|--|--|
| AT-WILL EMPLOYMENT  The relationship between you and the Truly Helping Hearts LLC is referred to as "employment at will." This means that your employment can be terminated at any time for any reason, with or without cause, with or without notice, by you or the Truly Helping Hearts LLC. No representative of Truly Helping Hearts LLC has authority to enter into any agreement contrary to the foregoing "employment at will" relationship. You understand that your employment is "at will," and that you acknowledge that no oral or written statements or representations regarding your employment can alter your at-will employment status, except for a written statement signed by you and either our Executive Vice-President/Chief Operations Officer or the Company's President. |        |  |  |
| Applicant Signature:   | Dated: |  |  |