Helping Others Home Care LLC

Employment Application

Thank you for your interest in joining Helping Others Home Care LLC!
We are currently seeking compassionate, dependable professionals to provide non-medical home care services to seniors and adults with disabilities in the comfort of their homes.

Available Positions (Please check one or more):
☐ Registered Nurse (RN)
☐ Caregiver / Personal Care Aide

Employment Type (Please check all that apply):
☐ Full-Time
☐ Part-Time
☐ Per Diem
☐ On-Call

Applicant Information

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Date Available to Start: _____

Are you legally authorized to work in the United States?
☐ Yes ☐ No

Are you at least 18 years of age?
☐ Yes ☐ No

Position Information

Desired Hourly Rate: _____

Preferred Work Schedule (Check all that apply):

☐ Monday
☐ Tuesday
☐ Wednesday
☐ Thursday
☐ Friday
☐ Saturday
☐ Sunday

Preferred Shift:

☐ Days
☐ Evenings
☐ Nights
☐ Weekends
☐ Flexible

Are you willing to travel to clients' homes?
☐ Yes ☐ No

Do you have reliable transportation?
☐ Yes ☐ No

Valid Driver's License?
☐ Yes ☐ No

Certifications & Qualifications

For Caregivers

☐ CPR Certified

☐ First Aid Certified

☐ Dementia Care Experience

☐ Alzheimer's Care Experience

☐ Medication Reminder Experience

☐ Meal Preparation

☐ Light Housekeeping

☐ Personal Care Assistance

☐ Companion Care

☐ None

For Registered Nurses

☐ Active RN License

State: _____

License Number: _____

Expiration Date: _____

Education

High School: _____

Graduated?
☐ Yes ☐ No

College/University: _____

Degree: _____

Additional Certifications:

Employment History

Most Recent Employer

Employer: _____

Position: _____

Dates Employed: _____

Supervisor: _____

Phone: _____

Reason for Leaving:

May we contact this employer?
☐ Yes ☐ No

Previous Employer

Employer: _____

Position: _____

Dates Employed: _____

Supervisor: _____

Phone: _____

Reason for Leaving:

Experience

How many years of caregiving or nursing experience do you have?

☐ Less than 1 year

☐ 1–3 years

☐ 3–5 years

☐ 5+ years

Please describe your experience working with seniors or adults with disabilities:

_____

_____

_____

_____

Professional References

Reference #1

Name: _____

Relationship: _____

Phone: _____

Email: _____

Reference #2

Name: _____

Relationship: _____

Phone: _____

Email: _____

Background Information

Have you ever been convicted of a crime that would prevent you from working with vulnerable populations?

☐ Yes ☐ No

If yes, please explain:

Are you willing to undergo:

☐ Background Check

☐ Reference Check

☐ Drug Screening (if required)

Why do you want to work with Helping Others Home Care LLC?

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any false information or omission may result in disqualification from employment or termination if hired.

Applicant Signature:

Date:

Helping Others Home Care LLC

Now Hiring:

- Registered Nurses (RNs)
- Caregivers

Employment Opportunities:

- Full-Time
- Part-Time
- Per Diem
- On-Call

Thank you for your interest in becoming part of our team. We look forward to learning more about you and your passion for helping others!