

EMPLOYMENT APPLICATION

Please fill out all information accurately and truthfully. Submit completed application when finished.

Personal Information

First Name: _____

Last Name: _____

Address:

Street: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Home#: _____ Cell#: _____

Other: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Gender

Male: _____ Female: _____

What languages do you speak?

Emergency Contact Name & Phone Number of Person to contact in the event of an emergency:

Local: _____

Out-of-Area: _____

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Education

Please list the following information. Provide resume if applicable:

High School Diploma: _____

Certificates: _____

Degrees: _____

Special Training: _____

Others: _____

What position are you applying for?

_____ Companion/Sitter _____ Home Care Aide _____ LPN _____ RN

Do you have a current First Aid Certification? _____

Do you have current CPR? _____ If yes, expires when? _____

Do you have current TB Results? _____ If yes, expires when? _____

Have you received vaccinations for COVID-19 virus? _____ Yes _____ No

If yes, have you received the COVID-19 booster? _____

(Please provide proof of vaccination card)

Others: _____

(Specify)

Availability for Work

Please List Hours & Days Available for Work. List N/A if unavailable for a day.

_____ Full-time _____ Part-time _____ Short-notice _____ Split Shift

_____ Sunday: From: _____ To: _____

_____ Monday: From: _____ To: _____

_____ Tuesday: From: _____ To: _____

_____ Wednesday: From: _____ To: _____

_____ Thursday: From: _____ To: _____

_____ Friday: From: _____ To: _____

_____ Saturday: From: _____ To: _____

Are you employed now? _____ YES _____ NO

When will you be able to work? _____

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Can you report to work the same day we call? _____YES _____NO

If no, please explain_____

Indicate which of the following you have experience in:

- | | |
|---|---------------------------------------|
| _____ Bathing/Showering | _____ Housekeeping |
| _____ Grooming | _____ Socialization |
| _____ Personal Hygiene | _____ Meal Preparation |
| _____ Dressing | _____ Shopping |
| _____ Bowel Care | _____ Transportation |
| _____ Bladder Care | _____ Medication Reminding |
| _____ Feeding | _____ Patient Lifts (Hoyer/ Lift ups) |
| _____ Laundry | _____ De-escalation techniques |
| _____ Ambulation | _____ Comfort & Care |
| _____ Toileting | _____ Other _____ |
| _____ Friendly Reassurance Phone Call or Home Visit | |

Client Assignments

Are you restricted to a set geographical location? _____ Area? _____

Do you have reliable transportation? _____Yes _____No

Are you willing/able to travel for work? ____Yes ____No Mile Radius? _____

If no, explain:

Current Driver's License#: _____ State: _____

{Please provide current proof of vehicle insurance with application}

Are you willing to transport clients in your private vehicle? _____

Comments: _____

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Abuse Investigation

Have you ever been investigated for abuse, neglect or domestic violence?

_____Yes _____No If "yes", explain: _____

Have you been convicted of a crime in the last ten (10) years? _____ Yes _____ No

If yes, please explain: _____

Previous Employment History

List (3) most previous employers. Please attach resume with application if applicable. List current employer first.

Employer #1:

Company Name _____

Address: _____

Telephone No. _____

Supervisor's Name _____

Position Held: _____

Length of Employment: _____

Start pay: _____ Ending pay: _____

Reason for Leaving: _____

Employer #2:

Company Name _____

Address: _____

Telephone No _____

Supervisor's Name _____

Position Held: _____

Length of Employment: _____

Start pay: _____ Ending pay: _____

Reason for Leaving: _____

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Employer #3

Company Name _____

Address: _____

Telephone No. _____

Supervisor's Name _____

Position Held: _____

Length of Employment: _____

Start pay: _____ Ending pay: _____

Reason for Leaving: _____

Personal References

List three people not related to you, whom you have known for at least one year.

Name _____

Title: _____

Address: _____

Telephone No. _____

Email Address: _____

Relationship _____ Years Known: _____

Name _____

Title: _____

Address: _____

Telephone No. _____

Email Address: _____

Relationship _____ Years Known: _____

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Name _____
Title: _____
Address: _____
Telephone No. _____
Email Address: _____
Relationship _____ Years Known: _____

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 We Do Care In Home Services and I hereby release and discharge any of the above and We Do Care In Home 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.

If 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)