



Heart of Gold Health Care, LLC

EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us, an independently owned and operated Heart of Gold Health Care. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

Today's Date: _____

Positions(s) Applied For: _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

Emergency Contact(s): _____
Name Phone

Name Phone

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

Make & Model of Vehicle: _____ Year of vehicle: _____

Auto In Co: _____ Policy # _____ Exp Date: _____

Have you ever submitted an application here before? Yes / No If yes, when? _____

Have you ever been employed here before? Yes / No If yes, when? _____

How did you hear about Heart of Gold Health Care? _____

Have you have been given a copy of the job description for the position for which you have applied to review. **Yes / No**
Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes / No**

Why are you interested in employment with us? _____

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

_____Mornings _____Afternoon _____Evenings _____Overnights _____Weekdays _____Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|-------|--------|---------|-----------|----------|--------|----------|--------|
| Shift | From: | | | | | | | |
| | To: | | | | | | | |

PREFERENCES

Please indicate all areas of the city in which you are willing to work:

____Melbourne ____Palm bay ____Rockledge ____Cocoa ____Titusville

Please indicate the types of services which you are willing to provide:

| | | | | | |
|--------------------------|---------------------------|--------------------------|----------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Companionship | <input type="checkbox"/> | Housekeeping (dust/vacuum) | <input type="checkbox"/> | Errands/Shopping/Transportation* |
| <input type="checkbox"/> | Meal Preparation | <input type="checkbox"/> | Laundry/Ironing | <input type="checkbox"/> | Personal Care |
| <input type="checkbox"/> | Activities (games/crafts) | <input type="checkbox"/> | Medication Reminders | <input type="checkbox"/> | Dementia/Alzheimer's Care |

**In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: _____Cats _____Dogs

Are you willing to provide service to a client that smokes? Yes / No

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for a senior: _____

Describe any work history you have that would apply to caring for a senior: _____

What do you like (or think you would like) most about working with older adults? _____

What do you like (or think you would like) least about working with older adults? _____

What personal rewards do you get from working with seniors? _____

EDUCATION *

Please circle highest grade completed:

Grade School: 6 7 8

High School: 9 10 11 12

College:

| School Type | School Name | City, State | Major/Subject | # Yrs Attended | Graduate |
|----------------------|-------------|-------------|---------------|----------------|----------|
| High School | | | | | Y / N |
| Vocational/Technical | | | | | Y / N |
| College/University | | | | | Y / N |

*For employment our minimum education requirement is either a GED or High School diploma

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? Yes / No If yes, may we contact? Yes / No

Company Name _____ City _____ State _____ () _____
Phone Number _____

Dates Employed: From _____ to _____ Job Title _____ Supervisor's Name _____

Duties _____

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving _____

SECOND MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ () _____
Phone Number _____

Dates Employed: From _____ to _____ Job Title _____ Supervisor's Name _____

Duties _____

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving _____

THIRD MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ () _____
Phone Number _____

Dates Employed: From _____ to _____ Job Title _____ Supervisor's Name _____

Duties _____
 \$ _____ per _____
 Salary (Hour, Week, Month) Reason for Leaving _____

SECURITY

*****Please be sure to complete the attached Authorization to do a criminal and motor vehicle background check.

As a condition of employment all employees must be "Bondable"& "Insurable". Are you at least 19 years of age? **Yes / No**

List states and counties of residence for the past seven years: _____

Have you had any moving traffic violations? **Yes / No** If yes, please describe: _____

Have you been charged/convicted of a felony and/or misdemeanor/or served time **Yes / No** If yes, please describe:

| | Incident | City/State | Charge |
|----|----------|------------|--------|
| 1) | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ |

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years? **Yes or No**

REFERENCES (Do not include relatives)

Please complete all six references. Your application will not be considered unless six references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 6 references, you will be asked to provide additional references.

| | Full Name | Phone Number | Best Time of Day to Call | Relationship | Number of Years Known |
|----|-----------|------------------------|--------------------------|--------------|-----------------------|
| 1) | | H () W () | AM / PM AM / PM | | |
| 2) | | H () W () | AM / PM AM / PM | | |
| 3) | | H () W () | AM / PM AM / PM | | |
| 4) | | H () W () | AM / PM AM / PM | | |
| 5) | | H () W () | AM / PM AM / PM | | |
| 6) | | H () W () | AM / PM AM / PM | | |

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between *Heart of Gold Health Care, LLC*, and myself is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to

the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE