

CAILÍNÍ DEASA HOME CARE, INC.

EMPLOYMENT APPLICATION

Name: _____ Street Address: _____

City, State, Zip: _____ Social Security #: _____

Drivers License #: _____ Cell Phone #: _____

Email Address: _____

Can you furnish proof of eligibility to work in the U.S.? *(Circle)*? Yes No

Position Applying For *(Circle)* : Home Health Aid C.N.A.

What Days And Hours Are You Available? _____

References:

Please List Three Professional References (Not Relatives). Give name, phone number, and relationship to you.

1. _____
2. _____
3. _____

Employment History:

List previous employment starting with the most recent. List duties and/or experiences related to home care, nursing or any specific therapy you are qualified for.

Employer:

Name: _____ Dates Employed: _____

Position: _____ Duties: _____

Employer:

Name: _____ Dates Employed: _____

Position: _____ Duties: _____

Employer:

Name: _____ Dates Employed: _____

Position: _____ Duties: _____

Employer:

Name: _____ Dates Employed: _____

Position: _____ Duties: _____

Do You Have Any Certifications or Licensure? _____

How were you referred to us? _____

Check The Skills You Can Confidently And Accurately Perform:

- Dressing And Undressing Client
- Meal Preparation And Feeding
- Bathing (Bed And Tub/Shower)
- Monitoring Vital Signs
- Read All Charting And Follow Care Plan
- Accurate Charting
- Report Any Changes To Nurse Manager
- Be Familiar With And Practice Universal Precautions
- Be Familiar With And Follow Osha Regulations And Guidelines
- Be Familiar With Emergency Policies And Numbers And Be Prepared To Act When Necessary
- Perform Personal Hygiene And Grooming
- General Housekeeping Tasks
- Assist Client With Walking
- Transfers (Bed To Chair, Chair To Walker)
- Use Of Bedpans And Urinals
- Care And Maintenance Of Foley Catheter
- Diabetic Blood Glucose Monitoring
- Use Of Oxygen /Nebulizer
- Proper Use Of Hoyer Lift
- Medication Reminders

Disclosure and Authorization for Background Investigation

I hereby authorize Cailíní Deasa Home Care, Inc. to conduct an investigative consumer report for employment purposes. I understand this report may include inquiries regarding my educational background; work history; court records; including criminal as permitted by law; driving history; workers compensation history; immigration status; general reputation; performance; experience; and references obtained from professional and personal associates and other qualities pertinent to my qualifications, for employment, including reasons for termination of past employment. I further understand and agree that a consumer report may be obtained at any time, and any number of times, as Cailíní Deasa Home Care, Inc. in its sole discretion determines is necessary before, during, or after my employment.

Cailíní Deasa Home Care, Inc. reserves the right to drug test periodically and/or randomly.

By my signature below, I hereby authorize all previous employers, educational institutions, consumer reporting agencies, and other persons or entities having information about me to provide such information to Cailíní Deasa Home Care, Inc. I further fully release Cailíní Deasa Home Care, Inc., its employees, officers, directors, agents, successors and assigns, and all other parties involved in this background investigation, including but not limited to all consumer reporting agencies, and those companies or individuals who provide information to Cailíní Deasa Home Care, Inc. concerning me, from any claims or actions for any liability whatsoever related to the process or results of the background investigation.

Signature: _____

I verify that the above information is correct and will take full responsibility for any incorrect information I may have provided. My signature allows a photocopy or fax copy of this authorization to be as valid as the original.

Cailíní Deasa Home Care, Inc.
532 Page Street
Stoughton MA 02072

508-507-5152