EXCEPTIONAL HEALTHCARE INC

Employment Application

Phone (813-444-9524 FAX: 813-944-4530

Email: hr@exceptional-healthcareinc.com WEB:exceptional-healthcareinc.com

Information

FULL NAME

SS NUMBER

Mailing Address *(Include Apartment Numbe)r*

City

State

Email Address

Mobile Phone

Evening Phone

Available Starting Date

Hours Available To Work

Days Available To Work

18 years of age or older? ◯ Yes ◯ No

Do you smoke? ◯ Yes ◯ No

If No, do you object to smoking? ◯ Yes ◯ No

Are you legally eligable to work inthe U.S? ◯ Yes ◯ No

Do you have a driver's license? ◯ Yes ◯ No

Have you ever had a moving or driving related violation or traffic accident? ◯ Yes ◯ No

Have you ever been the subject of a substantiated complaint of sexual abuse? ◯ Yes ◯ No

Are you certified in First Aid? ◯ Yes ◯ No

Are you certified in CPR? ◯ Yes ◯ No

Are you certified in lifesaving? ◯ Yes ◯ No

Please list any pets you would NOT be comfortable being around/living with.

Are you comfortable caring for adults Have you ever worked under a with cognitive impairment? *(ie. Dementia)*different name? ◯ Yes ◯ No

If yes, provide name(s).

Emergency Information

Who should we contact in an emergency?

Phone Number

Alternate emergeny contact?

Phone Number

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Medical Information

Do you have any medical condition that could affect your ability to provide mobility assistance to a senior?

○ Yes ○ No

If yes, please explain.

Have you received the Tdap vaccine or a Td booster within the last 10 years? ○ Yes ○ No

If no, please explain.

Educational Background

Do you have a high school diploma/GED? ○ Yes ○ No

Please list name of high school.

Please list name of college *(If attended)*

Dates attended

Major

Degree/Certificate Received

Phone Number

Please list any other special training you would like us to be aware of.

Employment History

Current Employer *(If a company, full company name)*

Supervisor's Name

Phone Number *(If different)*

Employer's Full Mailing Address

City

State

Zip Code

Employer's Telephone Number

Position You Held

Employed Since

Ending Salary

Reason For Leaving

May we contact? ○ Yes ○ No

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List ALL SENIORCARE References for the Past FIVE Years

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ○ Yes ○ No

Reason For Leaving

Describe Your Responsibilities In Detail

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ○ Yes ○ No

Reason For Leaving

Describe Your Responsibilities In Detail

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ○ Yes ○ No

Reason For Leaving

Describe Your Responsibilities In Detail

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Reference 1

Personal, Character or Professional

Name (First, Last)

Phone Number

Length Of Time Known

Reference 2

Personal, Character or Professional

Name *(First, Middle, Last)*

Relationship

Phone Number

Length Of Time Known

Caregiving Preferences

Select ALL caregiving tasks preferred.

- ☐ Companionship Care
- ☐ Meal Preparation
- ☐ Activities *(puzzles/games)*
- ☐ Medication
- ☐ Dementia/Alzheimers
- ☐ Laundry
- ☐ Personal Care
- ☐ Reminders
- ☐ Driving Appointments
- ☐ Shopping
- ☐ Errands
- ☐ Housekeeping
- ☐ Other

If other selected, please list.

Have you had to handle an emergency of any kind? ○ Yes ○ No

If yes, please explain.

Availability

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

Signature of Applicant **Date**

Please upload a picture of the following credentials in the box below or email to hr@exceptional-healthcareinc.com

- Valid CPR /First Aid Certificate
- CEU: HIPAA/ blood-borne pathogen/HIV Certificate
- Alzheimer's Training Certificate
- CNA or HHA or PCA
- Valid Drivers License
- Valid Auto Insurance

NOTE: YOU MUST BE ABLE TO PASS AHCA BACKGROUND CHECK WITH FINGERPRINT