

Proclaim Home Care: A Private Home Care Provider

EMPLOYMENT APPLICATION

APPLICANT INFORMATION:					
Last Name:	First:	M.I.	Date		
Street Address:			Apartment/Unit #		
City:	State:	Zip:			
Home:	Email:				
Cell:	Social Security #:			Date of Birth:	
Position Applying for:			Fluent Languages:		
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever applied to this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
HAVE YOU HAD A POSITIVE TB TEST RESULT IN THE PAST? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF YES, CHEST X-RAY REQUIRED FOR					
EMERGENCY CONTACT:					
_____		Relation: _____		NUMBER: _____	
_____		Relation: _____		NUMBER: _____	
How did you hear about our company hiring? Friend/Relative: _____ On-Line (name site): _____ Other: _____					
EDUCATION: DO YOU HAVE A HIGH SCHOOL DIPLOMA OR GED YES <input type="checkbox"/> NO <input type="checkbox"/> YEAR _____					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
REFERENCES: <i>please list 3 personal references</i>					
Full Name			Relationship		
Phone:			Years Acquainted:		
Full Name			Relationship		
Phone:			Years Acquainted:		
Full Name			Relationship		
Phone:			Years Acquainted:		
MILITARY SERVICE					
Branch			From To		
Rank at Discharge			Type of Discharge		
If other than honorable, explain					

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PREVIOUS EMPLOYMENT (MUST SHOW MINIMUM 5 YEARS EMPLOYMENT HISTORY):			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Additional job history can be documented on page 4			
Additional or Specialty training			
<input type="checkbox"/> Hoyer Lift	<input type="checkbox"/> Foreign Language List _____	<input type="checkbox"/> Bed Bound Care	<input type="checkbox"/> Bed Bath
<input type="checkbox"/> Transfers : Bed to Chair, Chair to Commode	<input type="checkbox"/> Dementia Care	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Other			

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DISCLAIMER AND SIGNATURE

<input type="checkbox"/>	I certify that my answers are true and complete to the best of my knowledge
<input type="checkbox"/>	If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release
<input type="checkbox"/>	I agree to immediately notify PHC, if I should be convicted of any crime while my job application is still pending.
<input type="checkbox"/>	I authorize investigation of all statements contained in this application and authorize any individual or entity to provide information and opinion to PHC as part of the investigation
<input type="checkbox"/>	I authorize PHC to disclose information contained in this application along with any information about me obtained through reference checks or during interview process
<input type="checkbox"/>	I release PHC, and any individual, or entity providing information to PHC from any legal liability for any damages from the disclosure of this information.
<input type="checkbox"/>	I understand that if accused of wrongdoing while employed, I may be subjected probe by an outside agency
<input type="checkbox"/>	I understand and agree that if I am hired; my employment is "at will" which means that it is for no definite period and may be terminated by PHC at any time for any reason.
<input type="checkbox"/>	I understand that if I am hired, PHC does not guarantee any specific number of hours or shifts, and I may or may not be assigned as determined by PHC.
<input type="checkbox"/>	I understand and agree that I will not accept individual employment by any PHC client where I have been assigned by PHC for a period of six months following termination of my employment with PHC.
<input type="checkbox"/>	I understand that if I am hired, a client may decide not to utilize my services at any time and will inform PHC if this occurs. Solely the client makes that decision. I understand that disclosure of the reason(s) for such decision of the client, I am not privy to that information. I understand and acknowledge that this occurs; I may be assigned to other clients. In the event I have any concerns regarding my assignment to a client, I will immediately bring my concerns to PHC, attention.
<input type="checkbox"/>	I agree, if I am hired by PHC, to keep my credentials and JCAHO and OSHA in-service requirements current, and to abide by the policies, procedures, and supervision of the client to which I am assigned and those of PHC
<input type="checkbox"/>	I agree and acknowledge understanding to all above statements

Date: _____

Signature: _____

For Office Use ONLY

Interviewed by:

Date:

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ADDITIONAL EMPLOYMENT					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					
Company			Phone ()		
Address			Supervisor		
Job Title		Starting Salary \$		Ending Salary \$	
Responsibilities					
From		To		Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>					