



THE JOURNEE LLC

HOME HEALTH & HOME CARE AGENCY

EMPLOYMENT APPLICATION | Confidential Applicant Information

We are an equal opportunity employer. Reasonable accommodation is available during the application process upon request.

1 Position & Availability

Position(s) sought: ☐ Home Health Aide (HHA) ☐ Personal Care Aide (PCA) ☐ Caregiver
☐ CNA ☐ Other: _____

Employment desired: ☐ Full-time ☐ Part-time ☐ PRN / On call ☐ Temporary

Available start date: _____ Desired shift(s): ☐ Days ☐ Evenings ☐ Nights ☐
Weekends

Days available: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Time availability for each day selected above:

2 Applicant Contact Information

Legal name: _____

Preferred name (optional): _____ Phone: _____

Email: _____

Street address: _____

City: _____ State: _____ ZIP: _____

Preferred contact method: ☐ Phone ☐ Email ☐ Text

3 Work Eligibility & Job Requirements

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Will you now or in the future require employer sponsorship for work authorization? ☐ Yes ☐ No

Can you perform the essential functions of the position, with or without reasonable accommodation? ☐ Yes ☐ No

4 Education, Credentials & Training

Highest education completed: ☐ High school/GED ☐ Some college ☐ Associate ☐ Bachelor's+ ☐ Other School / training program: _____ Completion year: _____

Credentials held (check all): ☐ CNA ☐ HHA ☐ CPR ☐ First Aid ☐ Medication aide ☐ Other: _____

Credential / certification name, issuing state or organization, expiration date (if applicable):

Credential / training	Issuer / state	Expiration

5 Caregiving Experience & Skills

Years of paid caregiving experience: _____ Other relevant experience: _____

Settings: ☐ Private home ☐ Assisted living ☐ Nursing facility ☐ Hospital ☐ Disability services

Skills / experience (check all that apply):

☐ Bathing/grooming ☐ Dressing/toileting ☐ Transfers/mobility ☐ Meal preparation
☐ Light housekeeping ☐ Companionship ☐ Dementia care ☐ Developmental disabilities ☐ Documentation ☐ Vital signs ☐ Medication reminders (as permitted) ☐ Infection prevention ☐ Other: _____

6 Employment History

List your two most recent employers (or relevant volunteer experience). Attach a résumé if needed.

Employer 1: _____ Job title: _____

Location: _____ Supervisor / contact: _____

Dates employed (month/year): _____ to _____ May we contact? ☐ Yes ☐ No

Main duties: _____

Reason for leaving: _____

Employer 2: _____ Job title: _____

Location: _____ Supervisor / contact: _____

Dates employed (month/year): _____ to _____ May we contact? ☐ Yes ☐ No

Main duties: _____

Reason for leaving: _____

7 Professional References

Provide references who can speak to your work performance. Avoid listing family members.

Name	Relationship / organization	Phone or email

8 Driving Rights

If driving is an essential duty, do you hold a valid driver's license? ☐ Yes ☐ No ☐

If driving is required, do you have access to transportation meeting agency requirements? ☐ Yes ☐ No ☐ N/A

Driver's license number: _____

State of Issue: _____ Class of License: _____

Have you had your driver's license suspended or revoked in the last 3 years?

Yes No: _____

If yes, give details:

9 Applicant Certification

I certify that the information I provided is true and complete to the best of my knowledge. I understand that inaccurate or omitted material information may affect hiring or employment, subject to applicable law. I understand this application is not an employment contract and does not guarantee employment. I authorize the agency to contact the employment references I identified, subject to my contact preferences above. Any background check, driving-record check, or other screening requiring authorization will be handled through a separate notice and authorization process, as applicable.

Applicant signature: _____ Date: _____

Agency Use Only — Do Not Complete as Applicant

Interview date: _____ Interviewer: _____ Position: _____

Credential verification: ☐ Pending ☐ Complete References: ☐ Pending ☐ Complete

Background screening (separate process): ☐ Pending ☐ Complete Decision: ☐ Pending ☐ Offer ☐ Decline

Notes / follow-up: _____

Administrative note: Customize for the agency's state licensing, Medicaid/waiver, role-specific training, and screening requirements. Keep medical inquiries and background-check disclosures/authorizations on separate compliant forms.

AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered later.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any of all statements contained in this application and authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period.

If employed, I understand that I have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or with notice.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

Employee Background Statement Form

If you are offered and accept employment with The Journee LLC, you are required to give evidence concerning your background before or on your first day of employment. You agree that this requirement is a condition of your being hired and/or your continued employment by us; and this statement will be kept in your employee file. I have been fully informed of the reason for making this statement, I understand what I am being asked to state; and hereby freely give my statement. I (your name)

_____ have never been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury because of intentionally or grossly negligent misconduct.

Signature of Potential Hire/Employee: _____

Date of Signature: _____

Signature of The Journee LLC representative: _____

Witness: _____ Title: _____

*I am unable to sign the above statement because I have a criminal conviction, findings of guilt, pleas of guilty, or a plea of nolo contender in my past. The following disclosure identifies the offense and details of the plea:

Applicant Signature: _____ Date: _____