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| **733 Cousins Road Chehalis WA 98532****354 Curtis Hill Road Chehalis WA 98532** | **□A Curtis Hill Estate Adult Family Home LLC****□ Curtis Hill Manor Adult Family Home LLC** | **360-523-5498****curtishillestateafh@gmail.com****curtishillmanorafh@gmail.com** |
| **AFH Employment Application** |
| Your **First** Name: | Your **Last** Name:  |
| Are you legally authorized to work in the US? ▢ Yes ▢ No | **SSN: optional** | **Are you over age 21?** YES / NO |
| Your Street Address: |  |
| City, State, ZIP: |  |
| Your cell phone number: | Can you receive TXT /SMS?▢ Yes ▢ No | Your email: | Emergency Contact: |

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| **Your Availability & Current Employment** |
| **You are looking for a:** ▢ Primary job | ▢ PT / Secondary job | When Can You Start?  |
| **You prefer:** ▢ Live-in ▢ Live-out | **Duration**: ▢ Short-term | ▢ Long-term (12+ months) |
| Days and hours you **CANNOT** work: | ▢ M ▢ T ▢ W ▢ TH ▢ Fri ▢ Sat ▢ Sun | Hours: |
| Days and hours you **CAN** work**:** | ▢ M ▢ T ▢ W ▢ TH ▢ Fri ▢ Sat ▢ Sun | Hours:  |
| Are you currently working? ▢ Yes ▢ No | Current Employer: |
| How long at this job? \_\_\_\_year(s) \_\_\_\_months | Current pay: $\_\_\_\_\_\_\_\_\_ per… ▢ hr ▢ day ▢ month |
| Can we contact your current employer? ▢ Yes ▢ No | Supervisor name: | Phone number: |
| What are (or were) your current responsibilities? |
| Why are you leaving your current job? |

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| **Your Qualifications and Credentials** |
| ▢ First aid | ▢ NA-C (CNA) | ▢ LPN | ▢ RN | ▢ HCA |
| ▢ CPR | ▢ Dementia Specialty | HCA – Exempt? ▢ Yes ▢ No |
| ▢ Nursing Delegation | ▢ Diabetes Focus Delegation | COVID-19 Vaccination | ▢ Yes ▢ No |
| ▢ Food Handler's Permit | ▢ Mental Health Specialty | COVID-19 Booster(s) | ▢ Yes ▢ No  |
| ▢ Orientation & Safety | ▢ Other: | Date(s): |  |
| ▢ TB Test ▢ 2-step? | ▢ Other: |  |  |

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| **About You** |
| **How do you get to work?**▢ My own car | ▢ Public transport /Bus | ▢ Get Rides | Can you work **weekends**?▢ Yes ▢ No | Can you work **Holidays**?▢ Yes ▢ No | Can you work **overtime**?▢ Yes ▢ No |
| Do you have any mental, emotional, physical, medical, or **ANY other conditions or restrictions** that might prevent you from performing regular caregiver duties? | ▢ Yes ▢ No | If YES, please explain: |
| Have you ever been convicted of a felony? | ▢ Yes ▢ No | If YES, explain: |
| Have you ever been accused of abuse, neglect, or theft? | ▢ Yes ▢ No | If YES, explain: |
| What would be a good reason for you to miss your scheduled shift? |
| What would be a good reason for you to quit without notice? |
| Can you safely lift 55-lbs using proper body mechanics? | ▢ Yes ▢ No |
| Rate your skill level with transferring & body mechanics… | ▢ Can’t do | ▢ Average | ▢ good | ▢ above avg. |
| Rate your skill level working with confused residents… | ▢ Can’t do | ▢ Average | ▢ good | ▢ above avg. |
| Rate your skill level with cooking Caucasian food... | ▢ Can’t do | ▢ Average | ▢ good | ▢ above avg. |
| Rate your ability to work well and get along with coworkers… | ▢ Can’t do | ▢ Average | ▢ good | ▢ above avg. |
| If we asked a former patient to describe you, in a few words, what would he/she say? |
| How many workdays have you missed in the last 6 months?  | Missed \_\_\_\_\_ days. Why? |

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| **Previous Employment & References MUST COMPLETE** |  |
| Have you worked in an AFH before? ▢ Yes ▢ No | How many clients? = \_\_\_\_\_ | How many staff on duty? = \_\_\_\_\_ |
| **Previous Employers** | **Supervisor name** | **Supervisor phone** | **Start date** | **End date** | **Pay / Salary** |
|  | AFH |  |  |  |  |  |
| NH |
| AL |
| 1-1 |
|  | AFH |  |  |  |  |  |
| NH |
| AL |
| 1-1 |
|  | AFH |  |  |  |  |  |
| NH |
| AL |
| 1-1 |
| What do you feel you can bring to this company? Why should we hire you? |

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| **EMPLOYMENT APPLICATION DISCLAIMER & REFERENCES CHECK**1. I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired.
2. I authorize any person, organization, or company listed on this application to furnish you with any and all information concerning my previous employment, education, and qualifications for employment.
3. I authorize Curtis Hill Estate Adult Family Home to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulations of your company, which rules may be changed, withdrawn, added or interpreted at any time, at our company’s sole discretion and without prior notice to me.
4. I acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn at any time, with or without cause, and with or without prior notice at the option of your company or myself.
5. I understand that upon a job offer, I will be required to fill out the US Employment Eligibility form I-9 to verify that I am eligible for legal employment in the US.

**Applicant Signature: Date:**  |