



EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- Application will be valid for 60 days.

PERSONAL INFORMATION

Today's Date: _____

Name: _____

Last

First

Middle

Current Address: _____

Street

City

State

Zip Code

Home Phone: (_____) _____ Cell Phone: (_____) _____

Valid Driver's License YES NO

Auto Insurance Coverage YES NO

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the number of hours

What date are you available to begin work? _____

Please complete all areas of availability:

___ Mornings ___ Afternoon ___ Evenings ___ Overnights ___ Weekdays ___ Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift	From:							
	To:							

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Transportation*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities (games/crafts)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer's Care

*In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: _____ Cats _____ Dogs

Are you willing to provide service to a client that smokes? Yes / No

Describe any training or life skills you have that apply to caring for a senior:

Have you had any moving traffic violations in the past year? **Yes / No** If yes, please describe:

<u>Incident</u>	<u>City/State</u>	<u>Charge</u>
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CERTIFICATION AND RELEASE: I certify that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between NeighborCare, and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE