



LOTUS PATH HOME HEALTHCARE LLC EMPLOYMENT APPLICATION

Non-Medical Home Care Services

Lotus Path Home Healthcare LLC is an equal opportunity employer. Please complete all applicable sections legibly. Attach additional pages if needed. Completion of this application does not guarantee employment.

1. POSITION INFORMATION

Position Applied For: ☐ Agency Director ☐ RN/Service Supervisor ☐ CNA/In-Home Aide ☐ PCA
☐ Companion/Sitter ☐ Scheduler/Office ☐ Other: _____

Employment Desired: ☐ Full-Time ☐ Part-Time ☐ PRN/As Needed Date Available: _____

Preferred Shift(s): ☐ Days ☐ Evenings ☐ Nights ☐ Weekends ☐ Holidays ☐ Flexible

How did you hear about us? _____

2. APPLICANT INFORMATION

Legal Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

Are you at least 18 years old? ☐ Yes ☐ No

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

If hired, you will be required to provide documentation establishing identity and authorization to work as required by law.

3. AVAILABILITY

Day	Available From	Available To
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____

Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____
Sunday	_____	_____

Scheduling restrictions / additional availability information:

4. EDUCATION AND TRAINING

High School / GED

School/Program Name:	_____
City/State: _____	Dates Attended: _____
Degree / Diploma / Certificate / Field of Study: _____	
Completed? ☐ Yes ☐ No Graduation/Completion Date (if applicable): _____	

College / University

School/Program Name:	_____
City/State: _____	Dates Attended: _____
Degree / Diploma / Certificate / Field of Study: _____	
Completed? ☐ Yes ☐ No Graduation/Completion Date (if applicable): _____	

Vocational / Technical / CNA Program

School/Program Name:	_____
City/State: _____	Dates Attended: _____
Degree / Diploma / Certificate / Field of Study: _____	
Completed? ☐ Yes ☐ No Graduation/Completion Date (if applicable): _____	

Other Education or Training

School/Program Name: _____
City/State: _____ Dates Attended: _____
Degree / Diploma / Certificate / Field of Study: _____
Completed? ☐ Yes ☐ No Graduation/Completion Date (if applicable): _____

5. LICENSES, CERTIFICATIONS AND REGISTRIES

Credential	Number	State/Registry	Expiration
RN/LPN	_____	_____	_____
CNA/Nurse Aide	_____	_____	_____
CPR/First Aid	_____	_____	_____
Driver License (if job-related driving applies)	_____	_____	_____
Other: _____	_____	_____	_____

Has any professional license, certification, registration, or credential you hold ever been suspended, revoked, restricted, disciplined, or surrendered? ☐ No ☐ Yes

If yes, explain:

6. HOME CARE / HEALTHCARE EXPERIENCE

Check only areas in which you have training or experience. Selection does not authorize performance of a task; Lotus Path must verify qualifications, competency, and assignment authorization.

☐ Companionship/Sitter	☐ Bathing/Shower Assistance	☐ Dressing/Grooming
☐ Toileting/Continence	☐ Transfers/Mobility	☐ Feeding/Eating Assistance
☐ Meal Preparation	☐ Light Housekeeping/Laundry	☐ Errands/Shopping
☐ Dementia/Memory Support	☐ Safety Supervision	☐ Client Transportation
☐ Documentation/Care Notes	☐ Other: _____	

7. EMPLOYMENT HISTORY

List your three most recent employers, beginning with the most recent. Use additional paper if necessary.

EMPLOYER #1

Employer Name:

Employer Address: _____
City/State/ZIP: _____ Phone: _____
Supervisor: _____ Job Title: _____
Dates Employed: From _____ To _____ May we contact this employer? ☐ Yes ☐ No
Primary Duties: _____ _____ _____ _____
Reason for Leaving: _____ _____

EMPLOYER #2

Employer Name: _____
Employer Address: _____
City/State/ZIP: _____ Phone: _____
Supervisor: _____ Job Title: _____
Dates Employed: From _____ To _____ May we contact this employer? ☐ Yes ☐ No
Primary Duties: _____ _____ _____ _____
Reason for Leaving: _____ _____

EMPLOYER #3

Employer Name: _____
Employer Address: _____
City/State/ZIP: _____ Phone: _____

Supervisor: _____ Job Title: _____
Dates Employed: From _____ To _____ May we contact this employer? ☐ Yes ☐ No
Primary Duties:
Reason for Leaving:

8. PROFESSIONAL / PERSONAL REFERENCES — THREE REQUIRED

Provide three references who can speak to your character, reliability, work history, or qualifications. Please do not list immediate family members.

REFERENCE #1

Name:
Relationship to Applicant: _____ Years Known: _____
Company/Organization (if applicable):
Phone: _____ Email: _____

REFERENCE #2

Name:
Relationship to Applicant: _____ Years Known: _____
Company/Organization (if applicable):
Phone: _____ Email: _____

REFERENCE #3

Name:
Relationship to Applicant: _____ Years Known: _____

Company/Organization (if applicable):

Phone: _____ Email: _____

9. TRANSPORTATION

Do you have reliable transportation to report to assigned work locations? ☐ Yes ☐ No

If job-related driving is required, can you provide a valid driver's license and required proof of insurance? ☐ Yes ☐ No ☐ N/A

Are you willing to use your personal vehicle for Agency-approved client errands/transportation when specifically authorized? ☐ Yes ☐ No

Counties/areas you are willing to serve:

10. CRIMINAL BACKGROUND INFORMATION

Lotus Path considers criminal-history information in accordance with applicable law and the requirements applicable to home-care personnel. A criminal record does not necessarily result in automatic disqualification except where law or regulation requires otherwise.

Have you ever been convicted of, pled guilty to, or pled no contest to a criminal offense (other than a minor traffic violation)? ☐ Yes ☐ No

Are there any criminal charges currently pending against you? ☐ Yes ☐ No

If you answered YES to either question, briefly explain the offense/charge, approximate date, jurisdiction, and disposition/status. Attach an additional page if needed.

Do not include expunged, sealed, or otherwise legally protected information that applicable law does not require you to disclose.

11. CRIMINAL BACKGROUND CHECK AUTHORIZATION

I authorize Lotus Path Home Healthcare LLC and its authorized screening provider(s), as permitted by applicable law, to obtain and review criminal-history and other legally permitted background information for employment purposes. I understand that additional disclosures, notices, fingerprints, identifying information, or separate authorization forms may be required depending on the screening performed and applicable law. I certify that identifying information I provide for screening will be accurate.

Applicant Printed Name:

Applicant Signature: _____ Date: _____

12. ESSENTIAL FUNCTIONS AND REASONABLE ACCOMMODATION

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

Lotus Path will consider reasonable accommodations in accordance with applicable law. You do not need to disclose a diagnosis or medical history on this application.

13. APPLICANT CERTIFICATION

I certify that the information provided in this application and accompanying materials is true, complete, and accurate to the best of my knowledge. I understand that material falsification, misrepresentation, or omission may result in withdrawal of an employment offer or corrective action, up to and including termination, subject to applicable law.

I authorize Lotus Path Home Healthcare LLC to verify information relevant to my qualifications, including education, training, credentials, registries, prior employment, and references, as permitted by law. I understand that employment, if offered, is not guaranteed for a specific duration and that this application does not create an employment contract.

Applicant Printed Name: _____

Applicant Signature: _____ Date: _____

FOR AGENCY USE ONLY

Interview Date: _____	Interviewer: _____
Position Considered: _____	Classification: ☐ FT ☐ PT ☐ PRN
References Completed: ☐ Yes ☐ No	Credentials/Registry Verified: ☐ Yes ☐ No ☐ N/A
Background Screening Status: _____	Conditional Offer Date: _____
Required Follow-Up / Missing Documentation: _____ _____ _____	
Hiring Decision: ☐ Hire ☐ Do Not Hire ☐ Hold	Authorized By/Date: _____