Helping Hands, LLC

Application for independent Contractor/Employee

Name:	First	Middle	Date:	
		Middle		
Address:Street	City	State/Province		ZIP/Postal Code
Telephone #:	Cel	Il Phone#:		
E-Mail address:		Referred to us by: _		
Position(s) applied for Car	egiver Nursing	Other:	_ Date availab	ole:
Type of employment desired:	Full-Time P Part-Time PRN	Please Specify Days and I	Hours:	
If currently employed, may we	contact your employ	/er? Yes No		
Rate of Pay Expected \$:	per ho	our		
If there a specific reason you a		oloyment at this company	? Yes	No
Are you legally eligible for emp	oloyment in this cour	ntry? Yes No		
Are you available to work over	time if required?	Yes No		
Have you applied with this con	npany before?	Yes No		
Have you been employed at th	nis company before?	Yes No		
If Yes when?		and what location?		
Do you have any friends or far	nily employed at this	s location? Yes N	lo	
Have you been convicted of a If Yes please explain:			No	MENT
If considered for hiring, will you		ESSARIL Y BE A DISQUALIFICAT		MENT. No

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?		DEGREE(s}/DIPLOMA(s) EARNED.	
		YES	NO		
		YES	NO		
		YES	NO		

What Nursing or relevar	nt designat	ons, license	es, or registra	ations if any, do you	u possess?		
Туре		Date of Most Recent Registration			Valid in State/Province?		
					YES	NO	
					YES	NO	
Do you have the following	ng: CPR	NO	YES	Last Certified			
F	irst Aid	NO	YES	Last Certified _			
A	CLS	NO	YES	Last Certified _			
PLEASE ANSWER THI	E FOLLOV	VING QUES	STIONS				
What do you think is the	most diffic	cult part of r	nursing or cu	stomer service wor	k?		
What was the best job y	ou ever ha	d and why?	•				
What was your least fav	orite job a	nd what did	you dislike a	bout it?			
Think of the BEST supe	rvisor you	have ever h	ad, what cha	aracteristics made t	hat person a goo	od	
manager?							
Think of the WORST su	porvisor ve	ou baya aya	rhad what	charactoristics mad	a that parcan a r	oor.	
manager?	pervisor yo	d have eve	i ilau, wilat t	maraciensiics mau	e mai person a p	Jooi	
How will you be able to	contribute	to providing	seniors with	high quality care?			
Imagine you have been			ing hard all o	lay. A client that yo	u have been dea	aling with	
is rude and impatient, w	nat do you	ao?					

EMPLOYMENTBACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER TELEPHONE	DATES E	MPLOYED	SUMMARIZE THE TYPE OF WORK
	FROM	то	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOBTITLE	RATE/	JRLY SALARY RTING	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	\$	per	
REASON FOR LEAVING	RATE/	JRLY SALARY NAL	
MAY WE CONTACT FOR REFERENCE? YES NO LATER	\$	per	
EMPLOYER TELEPHONE	DATES E	MPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS	PROW		RESPONSIBILITIES
JOBTITLE	RATE/	JRLY SALARY RTING	
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	\$	per	
REASON FOR LEAVING	RATE/	JRLY SALARY NAL	
MAY WE CONTACT FOR REFERENCE? YES NO LATER	\$	per	
EMPLOYER TELEPHONE	DATES E	MPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
EMPLOYER TELEPHONE ADDRESS			PERFORMED AND JOB
ADDRESS JOBTITLE	FROM HOI RATE/		PERFORMED AND JOB
ADDRESS	FROM HOI RATE/	TO JRLY SALARY	PERFORMED AND JOB
ADDRESS JOBTITLE	FROM HOI RATE/ STA \$ HOI RATE/	TO JRLY SALARY RTING	PERFORMED AND JOB
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EMERGENCY CONTACT INFORMATION In case of emergency, please contact the following person: Address: _____ Phone: Alternate Phone: Relationship: _____ REFERENCES List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please). NAME RELATIONSHIP YEARS PHONE NUMBER **ACQUAINTED** I certify that all the information I have provided is true, complete and correct. The information contained within this application, or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application, gives the employer consent to collect the information contained herein and use it for the purpose specified. I authorize this company to investigate all statements contained in this application. I understand that any misrepresentation or omission of facts is the cause for immediate disqualification and/or if employed, immediate dismissal. I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in Illinois/US, proof of certifications or educational qualifications, and a drivers abstract (if applicable). Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment. Applicant's Signature: ______ Date: For office use only: Date application received:

Date applicant contacted: _____

Notes: