



## EMPLOYMENT APPLICATION for HOME CARE WORKER

Personal Information	
<b>Name</b>	First _____ 2 <sup>nd</sup> Initial _____ Last: _____
<b>Address</b>	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
<b>Phone</b>	Home: _____ Cell: _____ Other: _____
<b>Electronic</b>	Email Address: _____
<b>Date of Birth</b>	Day: _____ Month: _____ Year: _____
<b>SIN</b>	Social Insurance Number: _____
<b>Gender</b>	Male: _____ Female: _____
<b>Language</b>	What languages do you speak? _____ _____
<b>Emergency Contact</b>	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
Education	
<b>Formal</b>	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____

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<b>Informal</b>	Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ (Specify) Other: _____ (Specify)
<b>Restrictions</b>	
<b>Work Limitations</b>	List any work limitations that you may have and briefly describe: Hearing: ____ Yes ____ No _____ Speech: ____ Yes ____ No _____ Lifting: ____ Yes ____ No _____ Health: ____ Yes ____ No _____ Physical: ____ Yes ____ No _____ Emotional: ____ Yes ____ No _____ Other: ____ Yes ____ No _____
<b>Availability for Work</b>	
<b>Hours &amp; Days Available for Work</b>	_____ Full-time _____ Part-time _____ Short-notice _____ Split Shift Indicate Days and List Hours Available for Work: ____ Sunday: From: _____ To: _____ ____ Monday: From: _____ To: _____ ____ Tuesday: From: _____ To: _____ ____ Wednesday: From: _____ To: _____ ____ Thursday: From: _____ To: _____ ____ Friday: From: _____ To: _____ ____ Saturday: From: _____ To: _____ What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day? _____
<b>Type of Work Seeking</b>	
<b>Type of Position(s) Preferred</b>	_____ Home Maker _____ Personal Care _____ Companion _____ Live-In _____ Other: _____ (Specify) Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: ____ Weekdays (Monday a.m. to Friday a.m.) _____ Weekends: (Friday a.m. to Monday a.m.)
	_____ Dementias/Alzheimer's _____ Physical Disabilities _____ Smokers _____ Pets

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<b>Clients Not Willing/Able to Work With</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Mental Retardation  <input type="checkbox"/> Behavioral Disorders  <input type="checkbox"/> Elderly (over 65)  <input type="checkbox"/> Children  <input type="checkbox"/> Other: _____                 </div> <div style="width: 45%;"> <input type="checkbox"/> Females  <input type="checkbox"/> Males  <input type="checkbox"/> Client use of marijuana for medicinal purposes  <input type="checkbox"/> HIV Positive/Aids                 </div> </div> <div style="text-align: right;">(Specify) _____</div>
<b>Duties Not Willing/Able to Perform</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Bathing  <input type="checkbox"/> Grooming  <input type="checkbox"/> Oral Care  <input type="checkbox"/> Dressing  <input type="checkbox"/> Bowel Care  <input type="checkbox"/> Bladder Care  <input type="checkbox"/> Feeding  <input type="checkbox"/> Ambulation                 </div> <div style="width: 45%;"> <input type="checkbox"/> Housekeeping  <input type="checkbox"/> Laundry  <input type="checkbox"/> Meal Preparation  <input type="checkbox"/> Shopping  <input type="checkbox"/> Transportation  <input type="checkbox"/> Medication Reminding  <input type="checkbox"/> Friendly Reassurance Phone Call/Home Visit  <input type="checkbox"/> Other _____                 </div> </div>
<b>Experience</b>	<p>Indicate which of the following you have experience in:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Bathing/Showering  <input type="checkbox"/> Grooming  <input type="checkbox"/> Personal Hygiene  <input type="checkbox"/> Dressing  <input type="checkbox"/> Bowel Care  <input type="checkbox"/> Bladder Care  <input type="checkbox"/> Feeding  <input type="checkbox"/> Ambulation  <input type="checkbox"/> Toileting                 </div> <div style="width: 45%;"> <input type="checkbox"/> Housekeeping  <input type="checkbox"/> Laundry  <input type="checkbox"/> Meal Preparation  <input type="checkbox"/> Shopping  <input type="checkbox"/> Transportation  <input type="checkbox"/> Medication Reminding  <input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit  <input type="checkbox"/> Socialization  <input type="checkbox"/> Other _____                 </div> </div> <div style="text-align: right;">(Specify) _____</div>
<b>Assignment Location</b>	Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____
<b>Transportation</b>	
<b>Type</b>	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ <div style="text-align: right;">(Specify) _____</div>
<b>Driver's License</b>	Do you have a valid Driver's License?: _____
<b>Transporting Clients</b>	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____
<b>Abuse Investigation</b>	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: _____

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	<div data-bbox="347 394 507 430">___ Yes ___ No</div> <div data-bbox="347 421 1388 465"></div> <div data-bbox="347 456 1388 501"></div>
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Reference Information	
<b>Work Related #1 (Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____; Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #2 (2<sup>nd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____; Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #3 (3<sup>rd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____; Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Personal #1</b>	Name _____ Address: _____ Telephone No. & Email Address: _____; Nature of Friendship ( <i>friend, co-worker, family etc.</i> ) _____ ( <i>Other than relative.</i> )
<b>Personal #2</b>	Name _____ Address: _____ Telephone No. & Email Address: _____; Nature of Friendship ( <i>friend, co-worker, family etc.</i> ) _____ ( <i>Other than relative.</i> )

## EVERLASTING MIRACLE'S HOME CARE AGENCY LLC

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to \_\_\_\_\_ and I hereby release and discharge any of the above and \_\_\_\_\_ from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check.

I further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

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Applicant's Signature

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Date

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Everlasting Miracle's and I hereby release and discharge any of the above and Everlasting Miracle's Home Care from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

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Applicant's Signature

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Date