

SHERRIE'S IN-HOME CARE, LLC

EMPLOYMENT APPLICATION

We consider Applicants for All Positions Without Regard to Race, Color, Religion, Creed, Gender, National Origin, Age, Disability, Marital Status, Or Any Other Legally Protected Status

(PLEASE PRINT)

PERSONAL INFORMATION

Today's Date: _____ Positions(s) Applied For: _____

Name: _____
Last First Middle

Date of Birth: _____ Social Security Number: _____

Current Address: _____

Street City State Zip Code

Previous Address: _____

Street City State Zip Code

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Alternate Phone: (_____) _____

Best Time to Contact You at Home Is: AM _____ PM _____

Have you ever submitted an application here before? **Yes / No** If yes, when? _____

Have you ever been employed here before? **Yes / No** If yes, when? _____

Do any of your friends or relatives or spouse work here? ____ If yes, state name and relationship _____

Are you able to perform the essential functions of the job for which you are applying? **Yes / No** Do you have lifting restrictions? **Yes / No**

Why are you interested in employment with us? _____

How Did You Learn About Us? ____Advertisement ____Friend ____Inquiry ____Employment Agency ____Relative ____Other

AVAILABILITY

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

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:							

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

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for older adults:

Describe any work history you have that would apply to caring for older adults: _____

What do you like (or think you would like) most about working with older adults? _____

What do you like (or think you would like) least about working with older adults? _____

What personal rewards do you get from working with seniors? _____

EDUCATION *

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

*For employment, our minimum education requirement is either a GED or High School diploma

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? **Yes / No** If yes, may we contact? **Yes / No**

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Duties _____

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

SECOND MOST RECENT EMPLOYER _____ May we contact? **Yes / No**

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Duties _____

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

THIRD MOST RECENT EMPLOYER _____ May we contact? **Yes / No**

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____
Job Title Supervisor's Name

Duties _____

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

SECURITY

Are you at least 18 years of age or older? **Yes / No**

List states *and* counties of residence for the past seven years:

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

Have you been charged/convicted of a felony and/or misdemeanor/or served time **Yes / No** If yes, please describe:

	<u>Incident</u>	<u>City/State</u>	<u>Charge</u>
1)			
2)			

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years? **Yes or No.**

Personal/Professional Reference, this does not include family members or past supervisor

<u>NAME</u>	<u>PHONE NUMBER</u>	<u>BEST TIME TO CALL</u>	<u>OCCUPATION</u>

CERTIFICATION AND RELEASE: I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period not to exceed 45 days. Any applicants wishing to be considered for employment beyond this time should inquire as to whether applications are being accepted at this time. I hereby understand and acknowledge that unless otherwise defined by applicable law, any employment relationship with this organization is of an "At Will" nature, which means that the Employee may resign at any time and the Employer may discharge employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specially acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in Discharge. I understand, also that I am required to abide by all rules and regulations of the employer.

APPLICANT SIGNATURE

DATE

SHERRIE'S IN-HOME CARE, LLC
1835 DAVIE AVENUE
SUITE 403
STATESVILLE, NC 28677
OFFICE: 704-873-1976
FAX: 704-775-4859

EMPLOYMENT VERIFICATION RELEASE AUTHORIZATION FORM

NAME: _____

I AUTHORIZE _____ TO RELEASE INFORMATION RELATIVE

TO MY EMPLOYMENT TO: SHERRIE'S IN-HOME CARE, LLC

I AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION:

DATE OF EMPLOYMENT: _____

EMPLOYMENT TYPE: _____

EMPLOYMENT STATUS: _____

WOULD YOU REHIRE: _____

EMPLOYEE SIGNATURE: _____ **DATE:** _____

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STATESVILLE, NC 28677

704-873-1976 OFFICE
704-775-4859 FAX
704-657-6942 CELL

PRELIMINARY EMPLOYMENT QUESTIONNAIRE

1. HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

2. HAVE YOU BEEN CONVICTED OF ANY MISDEMEANORS SUCH AS:
SHOPLIFTING, LARCENCY, BREAKING & ENTERING, ASSULT, BURGLARY,
EMPLOYEE THEFT, POSSESSION OF STOLEN GOODS, DRUG-RELATED
CHARGES? YES NO

3. DO YOU HAVE A CURRENT NORTH CAROLINA DRIVERS LICENSE? YES NO

4. DO YOU CURRENTLY HAVE A CAR AND OR RELIABLE TRANSPORTATION TO
AND FROM WORK? YES NO

5. HAVE YOU LIVED IN NC FOR THE LAST 5 YEARS? YES NO

6. ARE YOU ABLE TO WORK AT LEAST 2 WEEKENDS PER MONTH (INCLUDING
SUNDAYS)? YES NO

7. DO YOU HOLD ANY OF THE FOLLOWING CERTIFICATIONS?
CNA I CNA II PCA CPR OTHER

8. DO YOU HAVE A CONDITON THAT LIMITS YOU IN BENDING, LIFTING,
STOOPING, PULLING OR DOING HOUSEHOLD CHORES? YES NO