

EMPLOYMENT APPLICATION for HOME CARE WORKER

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

Informal	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: _____ <div style="text-align: center;">(Specify)</div> Other: _____ <div style="text-align: center;">(Specify)</div>		
Restrictions			
Work Limitations	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 _____		
Availability for Work			
Hours & Days Available for Work	_____ 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? _____		
Type of Work Seeking			
Type of Position(s) Preferred	_____ Home Maker _____ Personal Care _____ Companion _____ Live-In _____ Other: _____ <div style="text-align: center;">(Specify)</div> 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.)		
Clients Not Willing/Able to Work With	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> _____ Dementias/Alzheimer's _____ Smokers _____ Mental Retardation _____ Behavioral Disorders _____ Elderly (over 65) _____ Children </td> <td style="width: 50%; border: none;"> _____ Physical Disabilities _____ Pets _____ Females _____ Males _____ Client use of marijuana for medicinal purposes _____ HIV Positive/Aids </td> </tr> </table>	_____ Dementias/Alzheimer's _____ Smokers _____ Mental Retardation _____ Behavioral Disorders _____ Elderly (over 65) _____ Children	_____ Physical Disabilities _____ Pets _____ Females _____ Males _____ Client use of marijuana for medicinal purposes _____ HIV Positive/Aids
_____ Dementias/Alzheimer's _____ Smokers _____ Mental Retardation _____ Behavioral Disorders _____ Elderly (over 65) _____ Children	_____ Physical Disabilities _____ Pets _____ Females _____ Males _____ Client use of marijuana for medicinal purposes _____ HIV Positive/Aids		

	_____ Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>		
Duties Not Willing/Able to Perform	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <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 </td> <td style="width: 50%; border: none;"> <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 _____ </td> </tr> </table>	<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	<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 _____
<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	<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 _____		
Experience	Indicate which of the following you have experience in: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <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 </td> <td style="width: 50%; border: none;"> <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 style="text-align: right;"><i>(Specify)</i></div> </td> </tr> </table>	<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	<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 style="text-align: right;"><i>(Specify)</i></div>
<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	<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 style="text-align: right;"><i>(Specify)</i></div>		
Assignment Location	Are you restricted in the geographical location you are willing/able to work? ___Yes ___No Explain: _____		
Transportation			
Type	_____ Private Vehicle _____ Bus _____ Bike _____ Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>		
Driver's License	Do you have a valid Driver's License?: _____		
Transporting Clients	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: _____		
Abuse Investigation			
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: ___Yes ___No _____ _____		

Reference Information	
Employment #1 (Last Job or Current)	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Employment #2	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Employment #3	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Reference #1	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____ (<i>Other than relative.</i>)
Reference #2	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____ (<i>Other than relative.</i>)

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 Best Life Senior Care and I hereby release and discharge any of the above and Best Life Senior 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. 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

If 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.

Applicant's Signature

Date



Best Life Senior Care

There's no place like home

Best Life Senior Care
PO Box 1014
Fultondale, AL 35068
(205) 222-3032