



**EMPLOYMENT APPLICATION for HOME CARE WORKER**

<b>Personal Information</b>	
<b>Name</b>	First _____ 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>SSN</b>	Social Security 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: _____
<b>Education</b>	
<b>Formal</b>	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____
<b>Informal</b>	Please add additional information on the back. 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: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Lifting: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Health: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Physical: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Emotional: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Other: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
<b>Availability for Work</b>	
<b>Hours &amp; Days Available for Work</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short-notice <input type="checkbox"/> 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>	<input type="checkbox"/> Personal Care Aide <input type="checkbox"/> Office Staff
<b>Clients Not Willing/ Able to Work With</b>	<input type="checkbox"/> Dementias/Alzheimer's <input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Smokers <input type="checkbox"/> Pets <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Females <input type="checkbox"/> Behavioral Disorders <input type="checkbox"/> Males <input type="checkbox"/> Elderly (over 65) <input type="checkbox"/> Client use of marijuana for medicinal purposes <input type="checkbox"/> Children <input type="checkbox"/> HIV Positive/Aids <input type="checkbox"/> Other: _____ <div style="text-align: center;"><i>(Specify)</i></div>
<b>Duties Not Willing/ Able to Perform</b>	<input type="checkbox"/> Bathing <input type="checkbox"/> Housekeeping <input type="checkbox"/> Grooming <input type="checkbox"/> Laundry <input type="checkbox"/> Oral Care <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Dressing <input type="checkbox"/> Shopping <input type="checkbox"/> Bowel Care <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Bladder Care <input type="checkbox"/> Friendly Reassurance Phone Call/Home Visit <input type="checkbox"/> Feeding <input type="checkbox"/> Other _____ <input type="checkbox"/> Ambulation
<b>Experience</b>	Indicate which of the following you have experience in: <input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Housekeeping <input type="checkbox"/> Grooming <input type="checkbox"/> Laundry <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Dressing <input type="checkbox"/> Shopping <input type="checkbox"/> Bowel Care <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Bladder Care <input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit <input type="checkbox"/> Feeding

	<input type="checkbox"/> Ambulation <input type="checkbox"/> Toileting <input type="checkbox"/> Socialization <input type="checkbox"/> Other _____ <i>(Specify)</i>
<b>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 _____ Other: _____ <i>(Specify)</i>
<b>Driver's License</b>	Do you have a valid Driver's License?: _____
<b>Transport Clients</b>	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: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____

<b>Reference Information</b>	
<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> )

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 Helping Hands by Hanes, LLC and I hereby release and discharge any of the above and Helping Hands by Hanes, LLC 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

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