Date: Click or tap to enter a date.

Name: Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text. Email Address: Click or tap here to enter text.

How did you hear about us? Click or tap here to enter text.

Type of Employment Desired: [ ]  Part-Time [ ]  Full-Time [ ] PRN

Availability: [ ]  Monday - Friday [ ]  Weekends [ ]  Saturday [ ]  Sunday [ ]  Mornings [ ]  Nights

Availability specifications: Click or tap here to enter text.

Position Applied For (e.g., Companion, CNA, LPN, etc.): Click or tap here to enter text.

Currently Hourly pay rate $Click or tap here to enter text. Desired pay rate $Click or tap here to enter text.

Are you legally eligible to work in the US? [ ]  Yes [ ]  No

Are you available to work Call Outs, if needed? [ ]  Yes [ ]  No

Have you ever been employed at our company? [ ]  Yes [ ]  No

If yes, when? Click or tap here to enter text. Why did you leave? Click or tap here to enter text.

Do you have any friends or family employed at this location? [ ]  Yes [ ]  No

FYI: Conviction will not be a deciding factor in continuing the pre-screening process or potential employment opportunities.

Have you ever been convicted of a crime in the last seven (7) years? [ ]  Yes [ ]  No

If yes, please explain:

Click or tap here to enter text.

During the hiring process, do you agree to provide a criminal background check? [ ]  Yes [ ]  No

During the hiring process, do you agree to provide a motor Vehicle Record? [ ]  Yes [ ]  No [ ]  N/A

**Educational History**

|  |  |  |
| --- | --- | --- |
| Institution | Field of Study | Graduated? |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes [ ]  No |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes [ ]  No |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes [ ]  No |
| Click or tap here to enter text. | Click or tap here to enter text. | [ ]  Yes [ ]  No |

**Document Checklist**

|  |  |  |
| --- | --- | --- |
| Document | Current | Expiration |
| CNA Certification | [ ]  Yes [ ]  No | Click or tap to enter a date. |
| CPR/First Aid | [ ]  Yes [ ]  No | Click or tap to enter a date. |
| Driver’s License | [ ]  Yes [ ]  No | Click or tap to enter a date. |
| TB Screening | [ ]  Yes [ ]  No | Click or tap to enter a date. |

**Additional Certifications**

|  |  |  |
| --- | --- | --- |
| Document | Current | Expiration |
| Click or tap here to enter text. | [ ]  Yes [ ]  No | Click or tap to enter a date. |
| Click or tap here to enter text. | [ ]  Yes [ ]  No | Click or tap to enter a date. |

What do you think is the most difficult part of caregiving or customer service work?

Click or tap here to enter text.

Ms. Jackson asks you to apply BENGAY muscle rub on her back, what would you do?

Click or tap here to enter text.

In what situations do we provide services not listed in the Service Plan?

Click or tap here to enter text.

What is DNR?

Click or tap here to enter text.

Why is it important to work within your scope or job description?

Click or tap here to enter text.

**Employment Background**

Employment #1

|  |  |  |
| --- | --- | --- |
| Employer Name | Click or tap here to enter text. | Start to End Employment Date |
| Address (Street, City, State, Zip) | Click or tap here to enter text. | Click or tap here to enter text.UNTILClick or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |  |
| Job Title | Click or tap here to enter text. | Start to End Pay Rate |
| Supervisor NamePhone Number | Click or tap here to enter text.Click or tap here to enter text. | Start $Click or tap here to enter text.End $Click or tap here to enter text. |
| Responsibilities | Click or tap here to enter text. |
| Reason for Leaving | Click or tap here to enter text. | May we call to verify? [ ]  Yes [ ]  No |

Employment #2

|  |  |  |
| --- | --- | --- |
| Employer Name | Click or tap here to enter text. | Start to End Employment Date |
| Address (Street, City, State, Zip) | Click or tap here to enter text. | Click or tap here to enter text.UNTILClick or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |  |
| Job Title | Click or tap here to enter text. | Start to End Pay Rate |
| Supervisor NamePhone Number | Click or tap here to enter text.Click or tap here to enter text. | Start $Click or tap here to enter text.End $Click or tap here to enter text. |
| Responsibilities | Click or tap here to enter text. |
| Reason for Leaving | Click or tap here to enter text. | May we call to verify? [ ]  Yes [ ]  No |

Employment #3

|  |  |  |
| --- | --- | --- |
| Employer Name | Click or tap here to enter text. | Start to End Employment Date |
| Address (Street, City, State, Zip) | Click or tap here to enter text. | Click or tap here to enter text.UNTILClick or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |  |
| Job Title | Click or tap here to enter text. | Start to End Pay Rate |
| Supervisor NamePhone Number | Click or tap here to enter text.Click or tap here to enter text. | Start $Click or tap here to enter text.End $Click or tap here to enter text. |
| Responsibilities | Click or tap here to enter text. |
| Reason for Leaving | Click or tap here to enter text. | May we call to verify? [ ]  Yes [ ]  No |

Employment #4

|  |  |  |
| --- | --- | --- |
| Employer Name | Click or tap here to enter text. | Start to End Employment Date |
| Address (Street, City, State, Zip) | Click or tap here to enter text. | Click or tap here to enter text.UNTILClick or tap here to enter text. |
| Phone Number | Click or tap here to enter text. |  |
| Job Title | Click or tap here to enter text. | Start to End Pay Rate |
| Supervisor NamePhone Number | Click or tap here to enter text.Click or tap here to enter text. | Start $Click or tap here to enter text.End $Click or tap here to enter text. |
| Responsibilities | Click or tap here to enter text. |
| Reason for Leaving | Click or tap here to enter text. | May we call to verify? [ ]  Yes [ ]  No |

**References**

References: List the name, relationship, number of years acquainted, and phone number of three professional references. (No relatives, please.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone Number | Relationship | Years Acquainted  |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. year(s) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. year(s) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. year(s) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. year(s) |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. year(s) |

**CERTIFICATION AND RELEASE**

I, **Click or tap here to enter text.**, certify that I have read and understood the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief.

[ ]  I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in the rejection of my application or discharge at any time during my employment.

[ ]  I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release information concerning my background and hereby release them from any liability for issuing this information.

[ ]  I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing before and during employment to detect the use of illegal drugs.

*I’d Rather Be Home Homecare Services, LLC* is an equal opportunity employer. We strive to promote equality and diversity within the agency, and this policy applies to all our employees, job candidates, volunteers, and contractors. We do not discriminate in employment on the basis of nationality, color, sex, age, disability, religion, sexual orientation, or any other category protected by applicable state and federal laws.

**ELECTRONIC SIGNATURE AGREEMENT**

By typing my name below and submitting this application electronically, I understand and agree that my electronic signature is the legal equivalent of my manual signature. I certify that the information provided is true and accurate to the best of my knowledge.

I further agree that my electronic signature reflects my intent to sign this application and be bound by its terms, including those outlined in the Certification and Release section above. I acknowledge that this signature is legally valid and enforceable under applicable state and federal laws.

Electronic Signature (Full Name): Click or tap here to enter text.
Date: Click or tap to enter a date.