



# IN HOME CARE PROVIDERS LLC

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## EMPLOYMENT APPLICATION

In Home Care Providers LLC  
1501 Main St, Suite 501, Columbia, SC 29201  
(803) 683-3911

*PLEASE PRINT, AND COMPLETE APPLICATION IN FULL*

### Personal Information

Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Social Security Number (last 4 digits): XXX-XX-\_\_\_\_\_  
Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Current Address:  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Employment Desired Position Applying For:

Position(s) Applying for: ☐ PRN ☐ Home Care Aide ☐

Other: \_\_\_\_\_

Are you applying for: \_\_\_\_\_ Part-Time \_\_\_\_\_ Full-Time \_\_\_\_\_ Temporary \_\_\_\_\_ Regular Which days/times are you not available to work?

Are you available to work on weekends? \_\_\_\_\_

Can you work overtime, if necessary? \_\_\_\_\_

If hired, on what date would you be available for work? \_\_\_\_\_

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Are you at least 18 years of age? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

## Education

EDUCATION, TRAINING AND EXPERIENCE: schools ( names and addresses, number of years), completed courses or major subjects, high school diploma or degrees (vocational, apprenticeship, college or university, graduate school).

Vocational, Apprenticeship Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at In Home Care Providers LLC?

If so, please explain:

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Are you licensed or certified for the job you are applying for? \_\_\_\_\_

Type of License Professional License No. \_\_\_\_\_

State Issued

Expiration Date

Has your license/certification ever been revoked or suspended? \_\_\_\_\_

If yes, state reasons \_\_\_\_\_

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Date of revocation or suspension, and date of reinstatement:

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Are you currently licensed in any other states? \_\_\_\_\_

If so, name of state \_\_\_\_\_

Language Ability:

List only those languages you could use in the position you are applying for:

Language: \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

Language: \_\_\_\_\_ Speak \_\_\_\_\_ Read \_\_\_\_\_ Write \_\_\_\_\_

GED School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed: \_\_\_\_\_

High School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed: \_\_\_\_\_

College School Name: \_\_\_\_\_

Location: \_\_\_\_\_ Years Completed: \_\_\_\_\_

## Other Training / Certifications

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**Caregiver basic training** ☐ Yes ☐ No

Last training: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Basic First Aid** ☐ Yes ☐ No

Last training: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Infectious Disease** ☐ Yes ☐ No

Last training: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Interpersonal Skills Training** ☐ Yes ☐ No

Last training: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Workplace Ethics** ☐ Yes ☐ No

Last training: \_\_\_\_/\_\_\_\_/\_\_\_\_

**HIPPA rights** ☐ Yes ☐ No

Last training: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Work History**

*May we contact the employers/agencies listed above? \_\_\_\_\_ If no, please indicate which ones you do not wish us to contact: \_\_\_\_\_*

1. Employer Name: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer Name: \_\_\_\_\_

Position: \_\_\_\_\_ Dates Employed: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**References (Professional only - no family members)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship/Title: \_\_\_\_\_

## MILITARY SERVICE

Have you obtained any special skills or abilities as a result of service in the military?

\_\_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

## PERSONAL INFORMATION

Have you ever applied to or worked for In Home Care Providers LLC before? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Why are you applying for work at In Home Care Providers LLC? \_\_\_\_\_

If hired, would you have reliable transportation to and from the work/volunteer site?

\_\_\_\_\_ Are you at least 18 years old? \_\_\_\_\_

If you are under 18, work is subject to verification that you meet agency requirements.

If hired, can you present evidence of your US citizenship or proof of your legal right to live and work in the United States? \_\_\_\_\_

U.S. Immigration Form 1-9 must be completed within 3 days of hiring.

Do you have any limitations on your ability to perform job-related functions of the position for which you are applying? \_\_\_\_\_

If yes, describe the conditions and the nature of your work limitations

## Criminal Background & Health Disclosure

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you physically able to perform the duties of a care aide (excluding lifting or transporting patients per company policy)? ☐ Yes ☐ No

Signature & Authorization I certify that the above information is true and complete to the best of my knowledge. I authorize In Home Care Providers LLC to verify all information provided and understand that false statements may result in disqualification or termination.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**PLEASE READ AND SIGN BELOW:**

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment, and or placement as a volunteer and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application, or on any document used to secure employment, or volunteer shall be grounds for rejection of this application or for immediate discharge if I am employed, or are a volunteer regardless of the time elapsed before discovery. I hereby authorize In Home Care Providers LLC to thoroughly investigate my references, work record, education and other matters related to my suitability for employment or volunteering, and further, authorize my former employer or agency where I volunteered to disclose to In Home Care Providers LLC any and all letters, reports, and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release In Home Care Providers LLC, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure. In consideration of my employment, I agree to conform to the rules and standards of the Agency and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Agency. I understand that no employee or representative of the Agency other than the President of the Agency has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing. Further, the Agency may not alter the at-will nature of the employment relationship unless the Agency does so specifically and in writing. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*In Home Care Providers LLC does not discriminate on the basis of race, color, religion, sex (including sexual harassment or pregnancy) national origin, ancestry, age (over 40), mental or physical disability, veteran status, medical condition, marital status, sexual orientation or political activity*

## VOLUNTARY AFFIRMATIVE ACTION QUESTIONNAIRE

An Equal Employment Opportunity Employer In Home Care Providers LLC is required to report certain information and statistics to various federal and state agencies relating to the applicants' ethnic background, sex, disability, and veteran status. This data is for analysis and affirmative action only. Your completion of this form is voluntary. The information you provide will be kept separate and confidential, and will not be used for employment decisions.

TODAY'S DATE: \_\_\_\_\_

SEX: Male \_\_\_\_\_ Female \_\_\_\_\_

Do Not Wish to Self-Identify \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_ COUNTY: \_\_\_\_\_

SOURCE OF REFERRAL: \_\_\_\_\_

PLEASE CHECK ONE:

American \_\_\_\_\_

Black \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian/Pacific Islander \_\_\_\_\_

Indian/Alaskan \_\_\_\_\_

Native \_\_\_\_\_

Caucasian \_\_\_\_\_

Two or More Races Other (please specify) \_\_\_\_\_

NATIONAL ORIGIN: \_\_\_\_\_

PLEASE CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE: \_\_\_\_\_

Vietnam Era Veteran \_\_\_\_\_

Disabled Veteran Disabled Individual \_\_\_\_\_

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