



87 Main St., Matawan, NJ 07747  
contact@primehomecare247.com

## **APPLICATION FOR EMPLOYMENT**

Dear Applicant:

Home care does make a difference in the lives of the neighbors we serve by making it possible for them to stay at home during difficult times, and live independent lives with dignity. We know that providing care to people in their home is both a professionally challenging and personally rewarding career. If you are chosen to become a new member of our team you too will play an important role in people's lives and our community.

The work here at Prime Home Care 24/7 requires a person who is honest, dependable, and competent and gets satisfaction from helping others. We know this because that is what our clients tell us they expect, and what has made our staff successful.

If you are new to home care or an experienced care provider, we thank you for considering Prime Home Care 24/7 and its mission of caring to improve people's lives.

Thank you,

*Jim W*  
President

*Prime Home Care 24/7 takes affirmative action to select the best-qualified applicants without regard to race, color, creed, national origin, gender, sexual preference, age, religion, or disability where accommodations will not impose an undue hardship on the agency. Our Company is an equal opportunity employer.*



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#### INSTRUCTIONS

Please make sure you fill out the following application form completely. Answer all questions and sign and date the application form at the end. Incomplete or wrong information can cause a delay in processing your application. Part of the selection process will include a personal interview, reference and criminal history background check, health exam, and gathering required citizenship documentation.

#### I. PERSONAL INFORMATION

Name:			Phone:		
Address Street:			Apt #:		
City:	State:	Zip:	Email Address:		
Date Of Birth:					

Please check YES or NO for each question	YES	NO
Are you 18 years old or older?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have a valid professional license or occupational certification?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have your own transportation? <i>(Direct Care staff will be required to travel throughout all of our service area)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Are you legally eligible for employment in the United States? If NO, what is your status?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any relatives working for our Company?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been disciplined or denied a professional license or occupational certification of any kind in New Jersey?	<input type="checkbox"/>	<input type="checkbox"/>

#### II. POSITION DESIRED

Check the box for the position you are applying for:  Companion  Certified Homemaker-Home Health  
 Aide  Nurse  Live-in  Other \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

When can you start? \_\_\_\_\_ How many hours per week can you work? \_\_\_\_\_

Are you available for *(check all that apply to you)*  Days  Evenings  Nights  Weekends   
 Live-in

Are you currently working?  No  Yes. If YES, how many hours a week? \_\_\_\_\_



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### III. EDUCATION and TRAINING

► Circle the highest grade you have completed: 9- 10 11 12 13 14 15 16+

Name of school beginning with high school	Subject / Degree awarded
1.	
2.	
3.	
<b>CHHA training:</b>	
Location:	Date training completed:

► List the Occupational, State, Number, and Expiration Date of the certificate or license you have.

Occupation (License/certification)	Issuing Authority	Number	Dates: Initial/Expiration
1.			
2.			
Malpractice Insurance Carrier / Address	Policy#	Expiration Date	<input type="checkbox"/> Check here if not required

### IV. EMPLOYMENT HISTORY

I, \_\_\_\_\_, hereby authorize, **Prime Home Care 24/7** to request and receive from all prior employers within one year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.

► List your three (3) most recent employers below, starting with your current or most recent job.

Employer 1:	From:	to:	Position / Title:
Address:	Ste:		Brief description of duties:
City:	State:	Zip:	
Phone:	Fax:		
Supervisor's Name	Email:		Reason for Leaving:



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Employer 2:	From:	to:	Position / Title:
Address:	Ste:		Brief description of duties:
City:	State:	Zip:	
Phone:	Fax:		
Supervisor's Name:	Email:		Reason for Leaving:

Employer 3:	From:	to:	Position / Title:
Address:	Ste:		Brief description of duties:
City:	State:	Zip:	
Phone:	Fax:		
Supervisor's Name	Email:		Reason for Leaving:

#### V. PERSONAL REFERENCES *(No family or close friends)*

Name	Address	Phone
1		
2.		

#### VI. GENERAL INFORMATION

List other skills, languages, training, volunteer experience or hobbies you feel qualify you for the position. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to work for us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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What makes work most satisfying to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What makes work least satisfying to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**VII. AFFIDAVIT & SIGNATURE**

I understand that employment will be AT-WILL and can be terminated without notice by Prime Home Care 24/7 or me at any time for any reason, and that this application is not a contract or guarantee of employment. I understand that any omission or misrepresentation of material fact in this application may result in refusal of or separation from employment. I also understand that my employment shall be contingent upon meeting the health standards of the agency, receipt of satisfactory proof of employment authorization and identity, and a clear criminal background check.

I authorize Prime Home Care 24/7 to perform a criminal background check, request and receive information about me and my work and personal history and understand that the company will thoroughly investigate and verify all information given on this application, related papers, and interviews. I hereby authorize Prime Home Care 24/7 to request and receive from all prior employers, individuals, schools, and firms named herein within one year of the date of this application, any and all pertinent information concerning my prior employment, including any termination and the reasons for such termination, and I release them from all liability for damage in providing this information.

I certify that all the statements herein are true.

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**                      **Social Security Number**                      **DATE**

This application will be kept on file for 120 days from the date completed. After this time a new application must be completed for consideration of employment.



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### **OFFICE USE ONLY**

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### **AGENCY USE ONLY**

Interviewed by: \_\_\_\_\_ Title \_\_\_\_\_ Date: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Position: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

Additional Notes:

