



## JOB-EMPLOYMENT APPLICATION for DIRECT CARE WORKER

<b>Personal Information</b>	
<b>Name</b>	First _____ 2 <sup>nd</sup> 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>SIN</b>	Social Insurance 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>	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>
<b>Restrictions</b>	
<b>Work Limitations</b>	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 _____
<b>Availability for Work</b>	
<b>Hours &amp; Days Available for Work</b>	_____ 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? _____
<b>Type of Work Seeking</b>	
<b>Type of Position(s) Preferred</b>	_____ 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.)
<b>Clients Not Willing/Able to Work With</b>	_____ Dementias/Alzheimers                    _____ Physical Disabilities _____ Smokers    _____ Pets _____ Mental Retardation                        _____ Females _____ Behavioral Disorders                        _____ Males _____ Elderly (over 65)                                _____ Client use of marijuana for medicinal purposes



	<input type="checkbox"/> Children <input type="checkbox"/> Other: _____ <p style="text-align: center;"><i>(Specify)</i></p>	<input type="checkbox"/> HIVPositive/Aids
<b>Duties Not Willing/Able to Perform</b>	<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 _____
<b>Experience</b>	Indicate which of the following you have experience in: <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	
<b>Assignment Location</b>	<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 _____ <p style="text-align: center;"><i>(Specify)</i></p>	
	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 <input type="checkbox"/> Other: _____ <p style="text-align: center;"><i>(Specify)</i></p>	
<b>Driver's License</b>	Do you have a valid Driver's License?: _____	
<b>Transporting Clients</b>	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: _____	
<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 _____ _____	



**Reference Information**

<p><b>Work Related #1 (Last Position)</b></p>	<p>Company Name _____                  Address: _____                  Telephone No. &amp; Email Address: _____:                  Supervisor's Name _____                  Position Held: _____                  Length of Employment: _____                  Reason for Leaving: _____</p>
<p><b>Work Related #2 (2nd Last Position)</b></p>	<p>Company Name _____                  Address: _____                  Telephone No. &amp; Email Address: _____:                  Supervisor's Name _____                  Position Held: _____                  Length of Employment: _____                  Reason for Leaving: _____</p>
<p><b>Work Related #3 (3rd Last Position)</b></p>	<p>Company Name _____                  Address: _____                  Telephone No. &amp; Email Address: _____:                  Supervisor's Name _____                  Position Held: _____                  Length of Employment: _____                  Reason for Leaving: _____</p>
<p><b>Personal #1</b></p>	<p>Name _____                  Address: _____                  Telephone No. &amp; Email Address: _____:                  Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____                  (<i>Other than relative.</i>)</p>
<p><b>Personal #2</b></p>	<p>Name _____                  Address: _____                  Telephone No. &amp; Email Address: _____:                  Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____                  (<i>Other than relative.</i>)</p>



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 Angels In Charge Home Care Services LLC and I hereby release and discharge any of the above and Angels In Charge Home Care Services 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.

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Applicant's Signature

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Date