

Caring Hearts Home Care, LLC

Application for Employment

Name _____ Date _____
Last First Middle

Address _____
Street City State/Province ZIP/Postal Code

Telephone # () Cell Phone # ()

E-Mail address _____ Referred to us by _____

Position(s) applied for ☐ Caregiver ☐ Companion ☐ Other: _____ Date available _____

Type of employment desired ☐ Full-Time
☐ Part-Time Please Specify Days and Hours
☐ Casual _____

If currently employed, may we contact your employer? ☐ Yes ☐ No

Rate of Pay Expected \$ _____ per hour

Is there a specific reason you are applying for employment at this company? ☐ Yes ☐ No

If Yes, please briefly outline the reason: _____

Are you legally eligible for employment in this country? ☐ Yes ☐ No

Are you available to work overtime if required? ☐ Yes ☐ No

Have you applied with this company before? ☐ Yes ☐ No

Have you been employed at this company before? ☐ Yes ☐ No

If yes, when? _____ and at what location? _____

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

If considered for hiring, will you agree to provide a criminal background check? ☐ Yes ☐ No

If considered for hiring, will you agree to provide a drivers abstract? ☐ Yes ☐ No ☐ N.A.

If considered for hiring, will you agree to having a drug screen done? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

We Service all (3) three counties in Delaware.

How far are you willing to travel?

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

What licenses or registrations if any, do you possess?

Type

Date of Most Recent Registration

Valid in State/Province ?

☐ Yes ☐ No

☐ Yes ☐ No

Do you have the following: CPR ☐ No ☐ Yes Last Certified _____
 First Aid ☐ No ☐ Yes Last Certified _____

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

EMPLOYER	TELEPHONE ()	DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOB TITLE			
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER			
REASON FOR LEAVING			
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			

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ADDRESS			
JOB TITLE			

IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE?

☐ Yes ☐ No ☐ Later

EMPLOYER

TELEPHONE

()

DATES EMPLOYED

FROM

TO

SUMMARIZE THE TYPE OF WORK,
PERFORMED AND JOB RESPONSIBILITIES

ADDRESS

JOB TITLE

IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER

REASON FOR LEAVING

MAY WE CONTACT FOR REFERENCE?

☐ Yes ☐ No ☐ Later

REFERENCES

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

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete and correct. I acknowledge that the information I have given on this application represents a full and complete disclosure of information about my current and previous employment, and

that all information contained in this employment application is true and complete to the best of my knowledge and belief. I acknowledge that failure to provide a full and complete disclosure is a violation of the law.

The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in the USA, proof of PPD, physical, and proof of insurance, education requirements completed, and drivers abstract (if applicable). I understand that my continued employment is on a conditional and is contingent upon the receipt of the required service letters, background checks including adult registry check, and child abuse registry check and passing drug screen.

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

Applicant's Signature _____ Date _____

For office use only:

Date application received: _____

Date applicant contacted: _____

Notes: _____

A 1 2 3 4 5 6 7 8 9 10

C 1 2 3 4 5 6 7 8 9 10

F 1 2 3 4 5 6 7 8 9 10