



EMPLOYMENT APPLICATION for HOME CARE WORKER

Personal Information	
Name	First _____ Last _____
Address	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
Phone	Home: _____ Cell: _____
Electronic	Email Address: _____
Language	What languages do you speak? _____
Emergency Contact	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
Education	
Formal	Diploma: _____ Certificate: _____ Degree: _____ Other: _____
Informal	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: _____ (Specify)
Restrictions	
Work Limitations	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 _____



Availability for Work																			
	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short-notice <input type="checkbox"/> Split Shift																		
Hours	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? _____																		
Type of Work Seeking																			
Type of Position(s) Preferred	<input type="checkbox"/> Home Maker <input type="checkbox"/> Personal Care <input type="checkbox"/> Companion <input type="checkbox"/> Live-In 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: <input type="checkbox"/> Weekdays (Monday a.m. to Friday a.m.) <input type="checkbox"/> Weekends: (Friday a.m. to Monday a.m.)																		
Clients Not Willing/Able to Work With	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Dementias/Alzheimer's</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Physical Disabilities</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Smokers</td> <td style="border: none;"><input type="checkbox"/> Pets</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Mental Retardation</td> <td style="border: none;"><input type="checkbox"/> Females</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Behavioral Disorders</td> <td style="border: none;"><input type="checkbox"/> Males</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Elderly (over 65)</td> <td style="border: none;"><input type="checkbox"/> Client use of marijuana for medicinal purposes</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Children</td> <td style="border: none;"><input type="checkbox"/> HIV Positive/Aids</td> </tr> <tr> <td colspan="2" style="border: none;"> <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div> </td> </tr> </table>	<input type="checkbox"/> Dementias/Alzheimer's	<input type="checkbox"/> Physical Disabilities	<input type="checkbox"/> Smokers	<input type="checkbox"/> Pets	<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Females	<input type="checkbox"/> Behavioral Disorders	<input type="checkbox"/> Males	<input type="checkbox"/> Elderly (over 65)	<input type="checkbox"/> Client use of marijuana for medicinal purposes	<input type="checkbox"/> Children	<input type="checkbox"/> HIV Positive/Aids	<input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>					
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Experience	Indicate which of the following you have experience in: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Bathing/Showering</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housekeeping</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Grooming</td> <td style="border: none;"><input type="checkbox"/> Laundry</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Personal Hygiene</td> <td style="border: none;"><input type="checkbox"/> Meal Preparation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Dressing</td> <td style="border: none;"><input type="checkbox"/> Shopping</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bowel Care</td> <td style="border: none;"><input type="checkbox"/> Transportation</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Bladder Care</td> <td style="border: none;"><input type="checkbox"/> Medication Reminding</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Feeding</td> <td style="border: none;"><input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Ambulation</td> <td style="border: none;"><input type="checkbox"/> Socialization</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Toileting</td> <td style="border: none;"><input type="checkbox"/> Other _____</td> </tr> </table> <div style="text-align: right;"><i>(Specify)</i></div>	<input type="checkbox"/> Bathing/Showering	<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Grooming	<input type="checkbox"/> Laundry	<input type="checkbox"/> Personal Hygiene	<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Dressing	<input type="checkbox"/> Shopping	<input type="checkbox"/> Bowel Care	<input type="checkbox"/> Transportation	<input type="checkbox"/> Bladder Care	<input type="checkbox"/> Medication Reminding	<input type="checkbox"/> Feeding	<input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit	<input type="checkbox"/> Ambulation	<input type="checkbox"/> Socialization	<input type="checkbox"/> Toileting	<input type="checkbox"/> Other _____
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Assignment Location	Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____																		
Transportation																			



Type	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ (Specify)
Driver's License	Do you have a valid Driver's License?: _____
Transporting Clients	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: _____
Abuse Investigation	
	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>Work Related #1 (Last Position)</p>	<p>Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____. Position Held: _____ Length of Employment: _____ Reason for Leaving: _____</p>
<p>Work Related #2 (2nd Last Position)</p>	<p>Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____. Position Held: _____ Length of Employment: _____ Reason for Leaving: _____</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 Treasured Hands Personal Care LLC. and I hereby release and discharge any of the above and Treasured Hands Personal Care 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 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.

 Applicant's Signature

 Date

“At will” employment means that if there is no employment contract, either the employer or the employee may terminate the working relationship for any reason, at any time, with or without advance warning. (If a contract has been signed, both the employer and the employee are bound by its terms regarding termination.)