

**PCW-Caregiver
EMPLOYMENT APPLICATION**



Joyce's Caring Touch Home Health
2266 N Prospect Ave STE 210
Milwaukee, WI 53202
Phone: 414-841-5853
Fax: 414-921-5589
Email: contactct@jcthomecare.com
jcthomecare@gmail.com

Applicant Information

Full Name	Last Name		First Name		M.I.	Date Available
Address	Street Address			City, State	Zip Code	Apartment/Unit #
Date of birth	Cell Phone	Home Phone		Email Address		
Social Security Number	Emergency Contact Name			Relationship	Phone Number	
Desired Pay	Type of employment <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual		Days Available <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun			

Background

Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?	Why did you leave?	
Is there a specific reason you are applying for employment at this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please briefly explain why:		
Have you ever been convicted of a crime in the last seven years? (conviction will not necessarily be a disqualification for employment)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:		
If considered for employment, will you agree to allow a criminal background check?	YES <input type="checkbox"/>	NO <input type="checkbox"/>			
If considered for employment, will you be able to provide a copy of a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>		
If currently employed, may we contact your current employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name of Employer – Phone Number – Supervisor Name		
Do you have any friends or family employed at this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name(s)		
Did someone refer you to this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Name(s)		

Education - List Previous Three (3) Educational institutions attended, beginning with the most recent

SCHOOL	CITY/STATE	GRADUATED		YEAR	DEGREE/DIPLOMA Earned
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

Nursing or Relevant Designation, Licenses or Registrations

Type				Date/State of Most Recent Registration	Valid in State of WI	
CNA/ FirstAid/ CPR	N/A <input type="checkbox"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Other Certifications/qualifications						

References				
<p align="center">Please list three references (no relatives please) Due to HIPAA Privacy laws, no former clients/patients unless you have their written permission.</p>				
1 Full Name			Relationship	
Company			Phone	
Address				
2 Full Name			Relationship	
Company			Phone	
Address				
Employment Background				
<p align="center">Provide the following information beginning with the most recent employer.</p>				
Employer				Phone
Address				Supervisor
Job Title		Starting Salary		Ending Salary
Summarize type of work and responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/> Why Not?	
Employer				Phone
Address				Supervisor
Job Title		Reason for Leaving		Ending Salary
Summarize type of work and responsibilities				
From	To	May we contact your previous supervisor for a reference?		
		<input type="checkbox"/> YES <input type="checkbox"/> NO, Why Not?		
Disclaimer and Signature				
<p><i>I certify that my answers are true and complete to the best of my knowledge. The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release of employment from Joyce's Caring Touch Home Health. I authorize Joyce's Caring Touch Home Health to verify the information on this application.</i></p>				
Applicant's Signature			Date	
For Office Use Only				
Date Application Received			Date Applicant Contacted	
Comments				
Reviewed by				Date
Reviewed by				Date