

A Plus Home Care Solutions, LLC Employment Application

Date: _____

Name Date

First Middle Last

Address

Street City State ZIP/Postal Code

Telephone () _____ Cell Phone () _____

E-Mail address

us _____

How did you hear about us

Type of employment desired _____ Please Specify Days and Hours Available

Position applied for _____

Full-time Part-time PRN

Current hourly pay rate \$ _____

Desired pay per hour \$ _____

Are you legally eligible to work in the US?

Yes No

Are you available to work Call Outs, if needed?

Yes No

Have you ever been employed with us?

Yes No

If yes, when? _____ Why did you leave?

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

FYI: Conviction will not be a deciding factor in continuing the pre-screening process or potential employment opportunities

Have you been convicted of a crime in the last seven (7) years? Yes No

If yes, please explain

During the hiring process, do you agree to provide a criminal background check? Yes No

During the hiring process, do you agree to provide a Motor Vehicle Record? Yes No N.A.

Educational Background: Please Answer The Following Questions

List previous educational history

Institution	Field of study	Graduated
		Yes No
		Yes No
		Yes No

Document Checklist

Documents	Current	Expires
CNA Certification	Yes No	
CPR/ First Aid	Yes No	
Driver's License	Yes No	
TB Screening	Yes No	

What do you think is the most difficult part of caregiving or customer service work?

Ms. Jackson ask you to apply BENGAY muscle rub on her back, what would you do?

In what situations do we provide services not listed in the SERVICE PLAN?

What is DNR?

Why is it important to work within your scope or job description?

EMPLOYMENT BACKGROUND

List your previous employers beginning with the most recent employer.

	EMPLOYED	RESPONSIBLE	TITLES	JOB	

Employer Name:	Phone: ()	FROM	TO	Responsibilities:
Address:				
Job Title:		Starting Hourly Rate		
Supervisor Name/Phone:		\$		
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$		
Yes	Name:	Phone:		Responsibilities:
		()	FROM	TO
Address				
Job Title		Starting Hourly Rate		
Supervisor Name/Phone:		\$		
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$	per	
Employer Name:	Phone:	FROM	TO	Responsibilities:
	()			
Address:				
Job Title:		Starting Hourly Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$	per	
Employer Name:	Phone:	FROM	TO	Responsibilities:
	()			
Address:				
Job Title:		Starting Hourly Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$	per	
Employer Name:	Phone:	FROM	TO	Responsibilities:
	()			
Address:				
Job Title:		Starting Hourly Rate		
Supervisor Name/Phone:		\$	per	
Reason for leaving:		Final Hourly Rate		
May we call to verify?		\$	per	

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

Name	Relationship	Years acquainted	Phone Number

****CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, ancestry, veteran status, medical condition, sexual orientation, marital status or any other characteristic protected by applicable state or federal civil rights laws.

Applicant's Signature _____ **Date**