



# Application For Employment

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Position(s) Applying for: \_\_\_\_\_

Application Date: \_\_\_\_\_

## Personal Information

First Name:		Last Name:	
Address:			
City:	State:	Zip:	
Home Phone:	Work Phone:	Cell Phone:	
Email Address: (if available)			
How did you hear about our company?			
Are you 18 year of age or older?	Yes	No	(If you are hired you may be required to submit proof of age.)
Social Security #:			
If hired, can you furnish proof you are eligible to work in the U.S.?			
	Yes	No	
Have you ever applied here before?	Yes	No	If yes, when?
Were you ever employed here?	Yes	No	If yes, when?
Have you ever been convicted of any law violation (except a minor traffic violation)?	Yes	No	
If yes, give details:			

A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.

Are you now or do you expect to be engaged in any other business or employment?	Yes	No
If yes, please explain:		

## For Driving Jobs Only

DO YOU HAVE A VALID DRIVER'S LICENSE?	Yes	No
Driver's license number:	State of Issue:	
Class of License:		
Have you had your driver's license suspended or revoked in the last 3 years?	Yes	No
If yes, give details:		

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal age over 40, race, sex, color, religion, national origin, disability or other protected status.)

## Employment Information

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION	# OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Bus. or Trade School				
Professional School				

What skills or additional training do you have that are related to the job for which you are applying?
What machines or equipment can you operate that are related to the job for which you are applying?

**Work Experience**

*List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-emoloved, give firm name and supply business references.*

Employer:	Supervisor:
Address:	
Phone:	Position:
Responsibilities:	From: <span style="float: right;">To:</span>
Salary:	Reason for leaving:
May we contact this employer?	Yes <span style="margin-left: 100px;">No</span>

Employer:	Supervisor:
Address:	
Phone:	Position:
Responsibilities:	From: <span style="float: right;">To:</span>
Salary:	Reason for leaving:
May we contact this employer?	Yes <span style="margin-left: 100px;">No</span>

Employer:	Supervisor:
Address:	
Phone:	Position:
Responsibilities:	From: <span style="float: right;">To:</span>
Salary:	Reason for leaving:
May we contact this employer?	Yes <span style="margin-left: 100px;">No</span>

Employer:	Supervisor:
Address:	
Phone:	Position:
Responsibilities:	From: <span style="float: right;">To:</span>
Salary:	Reason for leaving:
May we contact this employer?	Yes <span style="margin-left: 100px;">No</span>

Have you worked or attended school under any other name?	Yes	No
If yes, give names:		
Are you presently employed?	Yes	No
If yes, may we contact your present employer?	Yes	No
Have you ever been fired from a job or asked to resign?	Yes	No
If yes, please explain :		

**Professional References**

Please list 4-3 people you have worked with who can attest to your On-the-Job experience and performance.

Name:	Name:
Position:	Position:
Company:	Company:
Telephone:	Telephone:
Address:	Address:

**Employee Availability**

*Please provide the following information on your availability to work for Care Home Within*

Type of Transportation you have / will use for home visits:		
Do you have any allergies that would affect your work at Care Home Within?	Yes	No
If yes, please list here:		
Do you have a problem working with a client who smokes?	Yes	No
How many hours are you willing to work per week?		
Locations willing to work (write in city areas, and locations):		

***Please Check (X) the Day and Time of Week You Are Available***

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							
Overnight							

### Additional Questions

Are you Certified in CPR?	Yes	No
Are you certified in first Aid?	Yes	No
if yes give expiration dates:	CPR:	First Aid:
Indicate any foreign language you may speak read or write other than English:		
Have you ever lived or traveled to a foreign country?	Yes	No
Do you have Home Care experience?	Yes	No
Describe any Specialized training Or skills An extracurricular:		
How much experience do you have?		
Do you mind a client with animals?	Yes	No
Allergies to Cats or Dogs?	Yes	No

### Professional References

Please list 4-3 people you have worked with who can attest to your On-the-Job experience and performance.

Name:	Name:
Position:	Position:
Company:	Company:
Telephone:	Telephone:
Address:	Address:

### AGREEMENT (PLEASE READ CAREFULLY BEFORE SIGNING)

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I rel ease such persons and organization from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contact of employment nor guarantee employment for any definite period of time. if employed, i understand that i have been hired at the will of the employer and my employment may be terminated at any time, with or without cause and with or with notice

I have read, understand, and by my signature consent to these statements.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## Caregiver Acknowledgement of Cost of Employment

Holistic Home Health & Community Services has invested a significant amount of time and resources in hiring and training you as a caregiver. You are, therefore, a valuable asset to this company and will be treated as such. As a condition of hire, the company made a direct investment in you, including the cost of background screening, testing, and training. Holistic Home Health & Community Services's background screening and testing program costs the company approximately \$200.00 per person.

You are prohibited from accepting direct employment with one of our clients. Should you do so, you will be obligated to reimburse the company for costs associated with the hire, which includes the cost of background screening, testing, and training, for a total of \$2000.00.

I acknowledge that should I choose to work for a client referred to me by Holistic Home Health & Community Services outside the scope of the company, I will reimburse the company the cost of hiring me and the cost of acquiring the client for a total of \$2000.00 as liquidated damages.

The revised wording now correctly states that the reimbursement amount is \$2000.00.

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**Caregiver Signature**

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**Date**

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**Supervisor Signature**

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**Date**



## Employee Background Statement Form

If you are offered and accept employment with Holistic Home Health & Community services you are required to give evidence concerning your background before or on your first day of employment. You agree that this requirement is a condition of your being hired and/or your continued employment by us; and this statement will be kept in your employee file.

I have been fully informed of the reason for making this statement, I understand what I am being asked to state; and hereby freely give my statement.

I (your name) \_\_\_\_\_ have never been shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentionally or grossly negligent misconduct.

Signature of Potential Hire/Employee: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

Signature of Holistic Home health & Community Services : \_\_\_\_\_

Witness: \_\_\_\_\_ Title: \_\_\_\_\_

I am unable to sign the above statement because I have a criminal conviction, findings of guilt, pleas of guilty, or a plea of nolo contendere in my past. The following disclosure identifies the offense and details of the plea:

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\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**