

**JOB/EMPLOYMENT APPLICATION
HOME CARE ASSOCIATE POSITION**

JOB/EMPLOYMENT APPLICATION	
Personal Information	
Name	First _____ 2 nd Initial _____ Last: _____
Address	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
Phone	Home: _____ Cell: _____ Other: _____
Electronic	Email Address: _____
Date of Birth	Day: _____ Month: _____ Year: _____
SSN	Social Security Number: _____
Gender	Male: _____ Female: _____
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: _____ Other: _____

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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: _____ <div style="text-align: right;">(Specify)</div> Other: _____ <div style="text-align: right;">(Specify)</div>
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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 _____ No _____ Other: ___ Yes ___ No _____
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Availability for Work

Hours & Days Available for Work	_____ Full-time _____ Part-time _____ Short-notice _____ Split Shift Indicate Days and List Hours Available for Work: Sunday: From: _____ To: _____ Monday: From: _____ To: _____ Tuesday: From: _____ To: _____ Wednesday: From: _____ To: _____ Thursday: From: _____ To: _____ Friday: From: _____ To: _____ Saturday: From: _____ To: _____ 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? _____
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Client Types and Work Duties

Type of Position(s) Preferred	_____ Home Maker _____ Personal Care _____ Companion _____ Live-In Other: _____ <div style="text-align: right;">(Specify)</div> 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: _____ Weekdays (Monday a.m. to Friday a.m.) _____ Weekends: (Friday a.m. to Monday a.m.)
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Clients Not Willing/Able to Work With	<input type="checkbox"/> Dementias/Alzheimers <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"/> Disable <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
Duties Not Willing/Able to Perform	<input type="checkbox"/> Bathing <input type="checkbox"/> Housekeeping <input type="checkbox"/> Grooming <input type="checkbox"/> Laundry <input type="checkbox"/> Oral Care <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/Home Visit <input type="checkbox"/> Ambulation <input type="checkbox"/> Other _____
Experience	Indicate which of the following you have experience in: <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 _____ <div style="text-align: right;"><i>(Specify)</i></div>
Assignment Location	Are you restricted in the geographical location you are willing/able to work? ___Yes ___No Explain: _____ _____
Transportation	
Type	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike _____ Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
Driver's License	Do you have a valid Driver's License?: _____
Transporting Clients	Are you willing to transport clients in your private vehicle? _____ 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? _____ C o m m e n t s : _____
Abuse Investigation	

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Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain:

Yes No

Reference Information

**Work Related
#1
(Last Position)**

Company Name _____
 Address: _____
 Telephone No. & Email Address: _____:
 Supervisor's Name _____:
 Position Held: _____
 Length of Employment: _____
 Reason for Leaving: _____

**Work Related
#2
(2nd Last
Position)**

Company Name _____
 Address: _____
 Telephone No. & Email Address: _____:
 Supervisor's Name _____:
 Position Held: _____
 Length of Employment: _____
 Reason for Leaving: _____

**Work Related
#3
(3rd Last
Position)**

Company Name _____
 Address: _____
 Telephone No. & Email Address: _____:
 Supervisor's Name _____:
 Position Held: _____
 Length of Employment: _____
 Reason for Leaving: _____

**Personal
#1**

Name _____
 Address: _____
 Telephone No. & Email Address: _____:
 Nature of Friendship (*friend, co-worker, family etc.*) _____
 (*Other than relative.*)

**Personal
#2**

Name _____
 Address: _____
 Telephone No. & Email Address: _____:
 Nature of Friendship (*friend, co-worker, teacher etc.*) _____
 (*Other than relative.*)

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 **Caring Grace Home Care Agency** and I hereby release and discharge any of the above and **Caring Grace Home Care Agency** 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 agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test ,if part of the Agency's pre-employment policy.

I 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