

**JOB/EMPLOYMENT APPLICATION**  
**for a**  
**HOME CARE ASSISTANT POSITION**

<b>JOB/EMPLOYMENT APPLICATION</b>	
<b>Personal Information</b>	
<b>Name</b>	First _____ <sup>2<sup>nd</sup></sup> Initial _____ Last: _____ _____
<b>Address</b>	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
<b>Phone</b>	Home: _____ Cell: _____ _____ Other: _____ _____
<b>Electronic</b>	Email Address: _____ _____
<b>Date of Birth</b>	Day: _____ Month: _____ Year: _____
<b>SSN</b>	Social Security Number: _____
<b>Gender</b>	Male: _____ Female: _____
<b>PA Resident</b>	Are you a resident of the state of Pennsylvania? YES _____ NO _____ If yes, How long? _____ Years

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<b>Language</b>	What languages do you speak? _____ _____ _____
<b>Emergency Contact</b>	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
<b>Education</b>	
<b>Formal</b>	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____
<b>Informal</b>	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) Other: _____ _____ (Specify)
<b>Restrictions</b>	

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<b>Work Limitations</b>	<p>List any work limitations that you may have and briefly describe:</p> <p>Hearing:    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p>Speech:     <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p>Lifting:     <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/> <p>Health:     <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Physical:   <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Emotional: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Other:      <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <hr/>
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### Availability for Work

<b>Hours &amp; Days Available for Work</b>	<p><input type="checkbox"/> Full-time    <input type="checkbox"/> Part-time    <input type="checkbox"/> Short-notice</p> <p><input type="checkbox"/> Split Shift</p> <p>Indicate Days and List Hours Available for Work:</p> <p><input type="checkbox"/> Sunday:            From: _____ To: _____</p> <hr/> <p><input type="checkbox"/> Monday:            From: _____ To: _____</p> <hr/> <p><input type="checkbox"/> Tuesday:            From: _____ To: _____</p> <hr/> <p><input type="checkbox"/> Wednesday:        From: _____ To: _____</p> <hr/> <p><input type="checkbox"/> Thursday:           From: _____ To: _____</p> <hr/> <p><input type="checkbox"/> Friday:              From: _____ To: _____</p> <hr/> <p><input type="checkbox"/> Saturday:            From: _____ To: _____</p> <hr/> <p>What is the minimum number of hours you will work in one day? _____</p> <p>What is the maximum number of hours you will work in one day? _____</p>
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### Client Types and Work Duties

## JOB/EMPLOYMENT APPLICATION

<b>Type of Position(s) Preferred</b>	<input type="checkbox"/> Home Maker <input type="checkbox"/> Personal Care <input type="checkbox"/> Companion <input type="checkbox"/> Live-In <input type="checkbox"/> Other: _____ <div style="text-align: center;"><i>(Specify)</i></div> <p>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.)</p>																		
<b>Clients Not Willing/Able to Work With</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Dementias/Alzheimers</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"/> Disable</td> </tr> <tr> <td colspan="2" style="border: none;"><input type="checkbox"/> Other: _____</td> </tr> </table> <div style="text-align: center;"><i>(Specify)</i></div>	<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: _____							
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<b>Duties Not Willing/Able to Perform</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Bathing</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"/> Oral Care</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/Home Visit</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Ambulation</td> <td style="border: none;"><input type="checkbox"/> Other</td> </tr> </table>	<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		
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<b>Experience</b>	<p>Indicate which of the following you have experience in:</p> <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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<b>Assignment Location</b>	Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____
<b>Transportation</b>	
<b>Type</b>	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
<b>Driver's License</b>	Do you have a valid Driver's License?: _____
<b>Transporting Clients</b>	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 : _____ _____
<b>Abuse Investigation</b>	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ _____
<b>Reference Information</b>	

## JOB/EMPLOYMENT APPLICATION

<b>Work Related #1 (Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____ Supervisor's Name _____. Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #2 (2<sup>nd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____ Supervisor's Name _____. Position Held: _____ Length of Employment: _____ Reason for Leaving: _____

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<b>Work Related #3 (3<sup>rd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____ Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Personal #1</b>	Name _____ — Address: _____ Telephone No. & Email Address: _____ Nature of Friendship ( <i>friend, co-worker, family etc.</i> ) _____ ( <i>Other than relative.</i> )
<b>Personal #2</b>	Name _____ — Address: _____ Telephone No. & Email Address: _____ Nature of Friendship ( <i>friend, co-worker, teacher etc.</i> ) _____ ( <i>Other than relative.</i> )

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.

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Applicant's Signature

Date