

Employment Application

We are an Equal Opportunity Employer

Date Of Application:



Personal Information

Full Name: _____
Last First Middle

Address: _____
Street Address Apt #

City State Zip Code Length Here

Home Phone # _____ Cell # _____ Emergency # _____

Email Address: _____ Date Available for Work: _____

Position Desired: _____ Days/Hours Available to Work (Be Specific): _____

Pay Range: \$ _____ Work Option: PT FT Either

What is your transportation method? _____ Vehicle: Make Model

Do you have a valid Driver's License: Y N State Issued: _____

Insurance Co: Name Address Phone # Agent

If called for an interview, please provide a current copy of your car insurance.

Authorization To Work in the United States/Background Investigation

Are you authorized to work in the U.S.? Y N Able to provide documentation? Y N
 Have you ever worked for this company? Y N Have you applied to this company before today? Y N
 Have you ever been convicted of a felony? Y N If yes, when? _____

If called for an interview, please complete the two permission forms for background investigations.

Education Highest Grade Completed

High School/GED: _____ Address: _____
 From: _____ To: _____ Did you graduate? Y N Degree: 9 10 11 12

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? Y N Degree: 13 14 15 16

Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? Y N Degree/Certification: _____

Do you have a current C.N.A. license issued by the State of Colorado? Y N Issue Date: _____ Expires: _____
 What other kind of professional license or certification do you hold? _____

If called for an interview, please provide a copy of your professional license or certifications.

Job Related Skills

Please describe your work/life experiences caring for the elderly: _____

List your specific training, class work, skills working with the elderly? _____

Why do you want to work for us, caring for the elderly? _____

List additional skills/talents (unrelated to home care) that you could offer to our clients (i.e. musical, art, gardening, languages, signing, etc)

Knowledge of Equipment

- | | | |
|---|--|---|
| <input type="radio"/> Walkers | <input type="radio"/> Canes | <input type="radio"/> Hospital Bed |
| <input type="radio"/> Wheelchairs | <input type="radio"/> Power wheel chairs | <input type="radio"/> Adaptive Equipment on Hospital Bed: |
| <input type="radio"/> Oxygen Concentrators: | <input type="radio"/> Liquid Oxygen | <input type="radio"/> Portable Oxygen Tanks |
| <input type="radio"/> Lifts (list) | <input type="radio"/> Gait Belt training | <input type="radio"/> Other |

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Check the following trained home care skills and describe your level of experience on the next page.

- | | | | | | | | | |
|---------------------|--|--|--|--|-----------------------------------|---------------------------------|--------------------------------|-------------------------------|
| Bathing: | <input type="radio"/> Stand By | <input type="radio"/> Chair Bath | <input type="radio"/> Semi Assist | <input type="radio"/> Grooming | <input type="radio"/> Full Assist | <input type="radio"/> Hair Care | <input type="radio"/> Bed Bath | <input type="radio"/> Shaving |
| Dressing: | <input type="radio"/> Stand By | <input type="radio"/> Semi Assist | <input type="radio"/> Full Assist | <input type="radio"/> Apply Non-Medicated Lotion | | | | |
| Transfers: | <input type="radio"/> Wh. Chair | <input type="radio"/> Bed | <input type="radio"/> Chair | <input type="radio"/> Commode | | | | |
| | <input type="radio"/> Vehicle | <input type="radio"/> Lift | <input type="radio"/> Other | | | | | |
| Positioning: | <input type="radio"/> Wh. Chair | <input type="radio"/> Chair | <input type="radio"/> Bed | <input type="radio"/> Vehicle | | | | |
| | <input type="radio"/> Table | <input type="radio"/> Lift | <input type="radio"/> Restroom | <input type="radio"/> Other | | | | |
| Walking: | <input type="radio"/> Stand By | <input type="radio"/> With Device | | | | | | |
| Recording | <input type="radio"/> Intake | <input type="radio"/> Output | | | | | | |
| Reminding | <input type="radio"/> Medication (no set-up allowed) | <input type="radio"/> Exercise Program reminders | | | | | | |
| Dental: | <input type="radio"/> Oral Care | <input type="radio"/> Dentures | | | | | | |
| Eating: | <input type="radio"/> Feeding | <input type="radio"/> Drinking | | | | | | |
| Toileting: | <input type="radio"/> Restroom | <input type="radio"/> Peri Care | <input type="radio"/> Incontinence care of urine | | | | | |
| | | | <input type="radio"/> Incontinence care of bowel | | | | | |
| | <input type="radio"/> Empty Catheter Bag | <input type="radio"/> Empty Ostomy Bag | | | | | | |

Other:

Although we are strictly a non-medical care provider, describe your experience with medical skills or training:

Describe housekeeping duties you enjoy:

Housekeeping duties you do not like to do:

Describe your cooking ability:

Describe your experience with various elderly care facilities:

Describe your experience as a live-in companion to the elderly:

What are your concerns about working in a client's home that has pets?

Do you smoke? Y N While on duty? Y N
 If there is smoking in the client's home, will you be able to provide services? Y N

Previous Employment

Most Recent Company:

<i>Name</i>	<i>Phone #</i>	
<i>Address</i>	<i>Supervisor</i>	
<i>Job Title</i>	<i>Starting Pay: \$</i>	<i>Ending Pay: \$</i>
<i>Employment Dates:</i>	<i>Reason for Leaving:</i>	
<i>Describe Responsibilities (be specific):</i>		
May we contact your previous supervisor for a reference? Y N (explain)		

Next Company:

<i>Name</i>	<i>Phone #</i>	
<i>Address</i>	<i>Supervisor</i>	
<i>Job Title</i>	<i>Starting Pay: \$</i>	<i>Ending Pay: \$</i>
<i>Employment Dates:</i>	<i>Reason for Leaving:</i>	
<i>Describe Responsibilities (be specific):</i>		
May we contact your previous supervisor for a reference? Y N (explain)		

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Next Company:

<i>Name</i>		<i>Phone #</i>
<i>Address</i>		<i>Supervisor</i>
<i>Job Title</i>	<i>Starting Pay: \$</i>	<i>Ending Pay: \$</i>
<i>Employment Dates:</i>	<i>Reason for Leaving:</i>	
<i>Describe Responsibilities (be specific):</i>		

May we contact your previous supervisor for a reference? Y N (explain)

References

Full Name:	Relationship:	Years Known:
Complete Address:		
Work Phone #	Cell Phone #	Home Phone # (if applicable)

Full Name:	Relationship:	Years Known:
Complete Address:		
Work Phone #	Cell Phone #	Home Phone # (if applicable)

Full Name:	Relationship:	Years Known:
Complete Address:		
Work Phone #	Cell Phone #	Home Phone # (if applicable)

Military Service

Branch:	From:	To:
Rank at Discharge:	Type of Discharge:	
If other than honorable, explain:		

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

This application is three pages in length.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release from employment. I authorize this company and/or its agents, including background investigation or consumer reporting bureaus, to verify any of this information, including but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement agencies to release any information concerning my background and hereby release any and all said persons, schools, companies and law enforcement agencies from any liability for any damages whatsoever for issuing this information. I understand that the use of illegal drugs is prohibited during employment with At Home Elder Care, Inc. and if the company requires, I am willing to submit to testing for illegal drug use before and during employment.

Signature: _____ Date: _____