



## Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment. Applicants will receive consideration for employment without regard to sex, race, color, age, national origin or ancestry, religion, disability, medical condition, or marital status.

### Qualifications:

- \* High School or College Diploma \* Ability to Lift 75 pounds
- \* Proof of Work Eligibility \* No History of Criminal Background \* Clean Driving Record

Name		Date
Street Address		
City	State	ZIP
Phone	SSN	

### Emergency Contact

Name	Phone
Address	Relationship

I am applying for a position as a

- Caregiver
  Certified Nursing Assistant
  Registered Nurse

Have you ever been convicted of a felony?

- yes
  no

If yes, please provide details

### Transportation:

Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no		Make and model car
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

<b>Availability</b>			
Number of hours you would like to work weekly	Days and times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments			

<b>Education</b>		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certifications		
Special skills, courses, awards		

<b>Skills (For Certified Nursing Assistants and Companion Caregivers)</b>								
Please indicate whether you have assisted with or performed the following tasks as a Caregiver								
Companion-ship	<input type="checkbox"/> yes	<input type="checkbox"/> no	Assist Phys. Therapy	<input type="checkbox"/> yes	<input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes	<input type="checkbox"/> no
Bathing/Dressing	<input type="checkbox"/> yes	<input type="checkbox"/> no	Feeding	<input type="checkbox"/> yes	<input type="checkbox"/> no	Grocery Shopping	<input type="checkbox"/> yes	<input type="checkbox"/> no
Grooming	<input type="checkbox"/> yes	<input type="checkbox"/> no	Vacuuming, Dusting	<input type="checkbox"/> yes	<input type="checkbox"/> no	Meal Planning & Cooking	<input type="checkbox"/> yes	<input type="checkbox"/> no
Incontinence Assistance	<input type="checkbox"/> yes	<input type="checkbox"/> no	Cleaning Kitchens	<input type="checkbox"/> yes	<input type="checkbox"/> no	Driving	<input type="checkbox"/> yes	<input type="checkbox"/> no
Transfer Assistance	<input type="checkbox"/> yes	<input type="checkbox"/> no	Changing Bed Linens	<input type="checkbox"/> yes	<input type="checkbox"/> no	Medication Reminders	<input type="checkbox"/> yes	<input type="checkbox"/> no

## Employment History

Please go back at least eight years beginning with your current employer

<b>Company</b> - May we contact your current employer? <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>From</b>	<b>To</b>
Job title	Reason left	
Duties and Work Schedule		
Supervisor	Company Phone Number	

<b>Company</b>	<b>From</b>	<b>To</b>
Job title	Reason left	
Duties and Work Schedule		
Supervisor	Company Phone Number	

<b>Company</b>	<b>From</b>	<b>To</b>
Job title	Reason left	
Duties and Work Schedule		
Supervisor	Company Phone Number	

<b>Company</b>	<b>From</b>	<b>To</b>
Job title	Reason left	
Duties and Work Schedule		
Supervisor	Company Phone Number	

**References:**

Please List Three Professional References

Full Name	Relationship
Company	Phone Number
Address	Years Known

Full Name	Relationship
Company	Phone Number
Address	Years Known

Full Name	Relationship
Company	Phone Number
Address	Years Known

**CERTIFICATION AND RELEASE:** I certify that the information contained in this application is true and correct to the best of my knowledge. I understand that falsification of this information is grounds for refusal to hire, or if hired, grounds for termination of employment at any time after the date of hire. In consideration for my employment by Homekeepers Healthcare. I agree to conform to the rules and regulations of the company.

I authorize any employer, insurance company, educational institution, law enforcement organization, state or federal government agency, medical facility, and any other person or organizations listed in this application to release information regarding my character, qualifications, background, performance, criminal history, motor vehicle driving records, reasons for termination of past employment, and my eligibility for rehire. I voluntarily authorize and grant this company the right to request and receive such information, and release you and all parties involved in providing such information from any responsibility or liability.

I hereby acknowledge and agree that any employment relationship with Homekeepers Healthcare is of an "at will" nature, which means that the Employee may resign at any time, with or without prior notice, and that Homekeepers Healthcare may discharge Employee at any time with or without cause.

**By submitting this application, I affirm that I have read and agree to all of the above disclosures and conditions included in this application.**

Signature	Date
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Please Bring Your Drivers License, Social Security Card, and Certifications To The Interview.

**You Will Be Asked To Sign The Application When Interviewed**