



## EMPLOYMENT APPLICATION FORM

DATE: \_\_\_\_\_

<b>PERSONAL INFORMATION</b>		
First Name	Middle Name	Last Name
Other Names for which you have been known		Social Security Number
<i>Current</i> Address (street, city, state, zip code)		County
		Years lived there
Mobile Phone	Email Address	
How did you hear about us?		
Have you ever applied for a job with us?		Have you ever been employed by us?
Have you ever been convicted of a crime?		
If yes, what was (were) the offense(s) and date(s)?		
<b><u>QUICK SUMMARY OF EXPERIENCE</u></b>		
Years of caregiving experience, CNA/HHA or other?		
US Citizen or Resident Alien?	CNA/HHA License #	
Other languages spoken?		
Current driver's license and proof of auto insurance? <input type="checkbox"/> Yes / No <input type="checkbox"/>		
Ability/willingness to drive client to appointments? <input type="checkbox"/> Yes / No <input type="checkbox"/>		
Have reliable transportation? <input type="checkbox"/> Yes / No <input type="checkbox"/>		
Have experience bathing, toileting, grooming, etc.? <input type="checkbox"/> Yes / No <input type="checkbox"/>		
Have experience cooking and feeding? <input type="checkbox"/> Yes / No <input type="checkbox"/>		
Have experience with transferring? <input type="checkbox"/> Yes / No <input type="checkbox"/>		
Years of experience with dementia/Alzheimer's _____ Parkinson's _____ Stroke _____ (please explain)		
What days/hours are you available to work?		



<u>Weekdays</u>  Hourly _____ 24-hour, _____ live-in _____ Overnight _____	<u>Weekends</u>  Hourly _____ 24-hour, _____ live-in _____ Overnight _____
Do you currently have a full time job?	
Do you smoke?	Have Allergies? Work around dogs? Cats?
How far from home in miles will you travel for a job?	
Any injuries or health related conditions that could affect your performing duties in your job? If yes, explain:	

<b>EDUCATIONAL EXPERIENCE</b>		
Educational Institution	Area of Study Degree	Years Attended
<b>EMPLOYMENT HISTORY</b> (start with last job, going back 3 jobs or 10 years)		
Company	Role	Dates Employed
Phone	Supervisor	Starting & Ending Pay Rate
Reason for Leaving?		May we contact them?
Company	Role	Dates Employed
Phone	Supervisor	Starting & Ending Pay Rate
Reason for Leaving?		May we contact them?
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Phone	Supervisor	Starting & Ending Pay Rate
Reason for Leaving?		May we contact them?



<b>PROFESSIONAL REFERENCES</b>	
Name Relationship	
Company Telephone	
(Please leave below blank for reference checks)	
Name Relationship	
Company Telephone	
(Please leave below blank for reference checks)	
Name Relationship	
Company Telephone	
(Please leave below blank for reference checks)	

### **SELF ASSESSMENT SUMMARY**

Please rate your level of experience, encircle the corresponding box (1=No experience 2=Some Experience 3=Experienced 4=Very Experienced)

#### **Personal Care**

- Bathing a client in tub 1 2 3 4
- Bathing a client in shower 1 2 3 4
- Sponge bathing a client 1 2 3 4
- Washing a client's hair 1 2 3 4
- Applying lotion to client's skin 1 2 3 4
- Brushing client's teeth 1 2 3 4
- Assisting with toileting 1 2 3 4
- Using a bed pan 1 2 3 4
- Changing clients briefs/diaper 1 2 3 4
- Assist client in dressing 1 2 3 4
- Dress the client 1 2 3 4
- Assist client with other grooming 1 2 3 4
- Operate a hospital bed 1 2 3 4
- Transferring a client 1 2 3 4
- Positioning/Turning a client 1 2 3 4
- Using a gait belt 1 2 3 4
- Lifting a client 1 2 3 4



## **Ambulation & Transferring**

- Assist into/out of automobile 1 2 3 4
- Assisting client with walking 1 2 3 4
- Assisting client with cane 1 2 3 4
- Assisting client with walker 1 2 3 4
- Assisting client with wheelchair 1 2 3 4

## **Transportation**

- Driving clients in their car 1 2 3 4
- Running Errands 1 2 3 4
- Escorting to appointments 1 2 3 4

## **Meals**

- Shopping for food 1 2 3 4
- Cooking 1 2 3 4
- Meal preparation 1 2 3 4
- Feeding client 1 2 3 4

## **Light Housekeeping**

- Changing bed linens 1 2 3 4
- Vacuuming 1 2 3 4
- Cleaning restrooms/kitchen 1 2 3 4
- Laundry 1 2 3 4

## **Specific Conditions**

- Dementia/Alzheimer's 1 2 3 4
- Parkinson's 1 2 3 4
- Hospice/End of Life Care 1 2 3 4
- Stroke 1 2 3 4
- Cancer/Chemotherapy 1 2 3 4
- Mental Illness 1 2 3 4
- Paralyzed 1 2 3 4
- Broken hip or replacement 1 2 3 4

## **SIGNATURE**

I, the undersigned, certify that all the information provided as part of my application for employment is true and complete to the best of my knowledge. I acknowledge that any false or misleading information in my application materials or interview may result in denial of employment or termination, if hired and that any personal information requested, including date of birth, is requested solely for identification purposes. I understand that application is not an offer for employment by Above and Beyond Homecare Services or a contract for employment with St. Patrick Home Care Services Inc. I further understand Above and Beyond Homecare Services operates under an AT-WILL EMPLOYMENT POLICY.

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Applicant's Printed Name    Applicant's Signature    Date



## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with (Above and Beyond Homecare Services), at any time prior to or during my employment and without giving me any additional notice, I authorize Company to request a consumer, and/or investigate consumer report on me for employment purposes. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including driving citations; workers' compensation records after conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record. I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Above and Beyond Homecare Services and its agents, including but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Above and Beyond Homecare Services to share such information only with parties in interest who have a "need to know" such information to protect them and their employees.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request the Company or its agent. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with St. Patrick Home Care Services Inc. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Social

Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Automobile

Insurance Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

**Please provide me with a copy of my background report  YES  NO**

For California residents: Under § 1786.22 of the California Civil Code, you may view the file maintained on you by the Company or its agents. You may also obtain a copy of this file, upon submitting proper identification card and paying the costs of duplication services, by submitting a request by mail to the Company.

\* Providing year of birth and gender is strictly voluntary. This information will enable us to properly identify you in the event we find adverse information during the course of a background search.