



Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Street Address		
City	State	ZIP
Phone	SSN	

Emergency Contact

Name	Phone
Address	Relationship

I am applying for a position as a

Are you or have you ever been a CNA, LPN, or RN?

yes no Certification Number _____ Expiration Date _____

Are you or have you ever been a Certified Medication Aide?

yes no Certification Number _____ Expiration Date _____

Have you ever been convicted of a felony? If yes, please provide details

yes no

Transportation:

Most of our positions require our employees to transport a client.

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

Availability

Number of hours you would like to work	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			

Education

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates		
Special skills or courses		

Experience

Discuss any training or experience working with the elderly
What would you like most about working with the elderly?
What would you like least about working with the elderly?

Skills

Please indicate whether you have assisted with or performed the following tasks for the elderly. If you have not done these tasks before but are willing to perform these tasks, please mark WT.

Companionship	<input type="checkbox"/> yes <input type="checkbox"/> WT	Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> WT	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> WT
Bathing Assistance	<input type="checkbox"/> yes <input type="checkbox"/> WT	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> WT	Pet Care	<input type="checkbox"/> yes <input type="checkbox"/> WT
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> WT	Clean Bathroom	<input type="checkbox"/> yes <input type="checkbox"/> WT	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> WT
Incontinence Care	<input type="checkbox"/> yes <input type="checkbox"/> WT	Clean Kitchen	<input type="checkbox"/> yes <input type="checkbox"/> WT	Driving	<input type="checkbox"/> yes <input type="checkbox"/> WT
Transfer Assist	<input type="checkbox"/> yes <input type="checkbox"/> WT	Change Bed Linens	<input type="checkbox"/> yes <input type="checkbox"/> WT	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> WT
Dressing assistance	<input type="checkbox"/> yes <input type="checkbox"/> WT	Organize Spaces	<input type="checkbox"/> yes <input type="checkbox"/> WT	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> WT

Employment History

Start with your current / most recent employment and work backwards. Please go back at least five years and include all previous experiences working with the elderly. Use additional sheets of paper if needed.

May we contact your current employer? yes no

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Business References

These are people you have worked with in a professional manner: co-workers, community projects, etc.

Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #

Personal References

These are your family members, friends, neighbors, etc.

Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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FOR APPLICANT: PLEASE READ, THEN COMPLETE ASTERISKED LINES ONLY

RELEASE OF INFORMATION

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Applicant name

Social Security Number

I acknowledge that consideration for employment is contingent on the results of a reference and background check. Therefore, I hereby authorize Heartland Home Care (HHC) to (1) investigate the truthfulness of all statements made on this application; (2) contact my former employers and other listed references or any other persons who can verify information; and (3) discuss the results of any investigation with other employees of HHC involved in the hiring process. In addition, I give my consent for all contacted persons including former employers to provide information concerning this application, and I release each such person from liability for providing information to HHC.

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*

Applicant Signature

Date

FOR OFFICE USE:

GENERAL REFERENCE CHECK

From: Heartland Home Care, Inc.

Contact: _____

Phone: _____

Fax: _____

To Attn: _____
Name of Reference

Company

The person named above has applied for employment with Heartland Home Care Inc. S/he has give Heartland Home Care Inc permission to contact you regarding her/his employment with your organization. Complete frankness in response to the questions will be greatly appreciated.

SECTION FOR PREVIOUS EMPLOYERS INPUT:

Employed From: _____ To: _____

Position: _____

FULL TIME PART TIME CASUAL TEMPORARY

Reason for Leaving: _____

Would you rehire/recommend? Yes No, Why not? _____

Problem with Absenteeism/Tardiness? Yes No

Comments: _____

Quality of work: Excellent Good Average Poor

Comments: _____

Works well with others? Yes No

Comments: _____

Information

Given By: _____ Position: _____

PLEASE RETURN THIS REFERENCE VIA FAX NUMBER LISTED ABOVE