



EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" BELOW.
2. Complete all sides of this form.
3. If more space is needed to complete any question, use comments section on the back.
4. Print clearly. Incomplete or illegible applications may not be processed.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of gender, marital status, pregnancy, religion, race, age, creed, national origin, presence of disabilities, sexual orientation, genetic screening or testing information, refusal to submit to a genetic test, ancestry, AIDS or HIV status, and on any other status protected by law. **Additional testing for the presence of illegal drugs in your body may be required prior to employment.**

TODAY'S DATE: _____

NAME: _____
Last First Middle Maiden

CURRENT ADDRESS: _____
No. Street City State Zip Code

PREVIOUS ADDRESS: _____
No. Street City State Zip Code

HOME PHONE#: (_____) _____ WORK PHONE#: (_____) _____

MOBILE PHONE#: (_____) _____ E-MAIL ADDRESS _____

EMERGENCY CONTACT: _____
Name Phone # Relationship

VALID DRIVER'S LICENSE#: _____ STATE ISSUED: _____ EXP. DATE: _____

MAKE & YEAR AND COLOR OF VEHICLE: _____

AUTO INSURANCE COMPANY: _____ POLICY #: _____

AUTO INSURANCE AGENT: _____ PHONE #:(_____) _____

How did you hear about Home Instead Senior Care? _____

Why are you interested in employment with Home Instead Senior Care? _____

AVAILABILITY:

Please indicate the type(s) of work that you would prefer:

Full-Time Part-Time Days Evenings Overnights Live-In

Approximately how many hours per week do you wish to work? _____ When are you available to begin work? _____

Would you accept long-term assignments? Yes No Would you accept short-term assignments? Yes No

Please indicate the days and times that you are available for work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

The following services are job functions, however, not limited to the below listed, of our CAREGivers:

- *Meal Preparation *Walking\Standing Assistance *Dressing Assistance *Shower Assistance *Safety Precautions
- *Laundry *Medication Reminders *Transportation *Running Errands *Light Housecleaning

Do you have any reservations about providing service to a client with a pet(s)? No Yes (Cats Dogs Other)

Would it bother you to provide service to a client that smokes? No Yes

We operate in a geographical area that encompasses Scottsdale Paradise Valley, Phoenix, Carefree, Peoria, Glendale, Goodyear, Avondale, and the Sun Cities; it is an expectation as our employee that all clients are staffed, regardless of their location. All efforts are made to allow you to assist clients within a reasonable distance of your home.

EDUCATION:

Please circle highest grade completed:

Grade School: **6** **7** **8** High School: **9** **10** **11** **12** College: **13** **14** **15** **16** **16+**

	NAME OF SCHOOL	CITY, STATE	MAJOR SUBJECT	# OF YRS. ATTENDED	DID YOU GRADUATE?
High School					
Vocational					
College/ University					
Other					

SECURITY:

As a condition of employment all employees must be "Bondable".

List states *and* counties of residence for the past seven years: _____

____ Yes ____ No Have you had any moving traffic violations? Please describe: _____

____ Yes ____ No Have you used any names or Social Security Numbers other than those on this application? If so, list on back.

____ Yes ____ No Have you been convicted of a felony and/or misdemeanor? If so, please describe below.

INCIDENT	CITY/STATE	CHARGE
1		
2		

JOB RELATED SKILLS:

NOTE: Do not fill out any part of this section if you believe it to be non-job related.

Describe any training you have had that applies to service and/or care for the elderly.

Describe any work history applicable to Elderly Service and Care.

What do you like (or think you would like) about working with older adults?

What do you like (or think you would like) least about working with older adults?

PERSONAL REFERENCES (Do not include relatives):

Full Name	Address	Area Code, Phone #	Time of Day to Call	Relationship	# of Years Known
1)		W: H:			
2)		W: H:			
3)		W: H:			
4)		W: H:			
5)		W: H:			
6)		W: H:			

EMPLOYMENT REFERENCES:

Your application will not be considered unless every question in this section is answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? ___ Yes ___ No If yes, may we contact? ___ Yes ___ No

Company Name _____ City _____ State _____ (_____) _____
Phone Number

From _____ To _____ Supervisor's Name _____
Dates Employed Job Title

Duties _____

Salary _____ Per _____ Reason For Leaving _____
(Hour, Week, Month)

SECOND MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ (_____) _____
Phone Number

From _____ To _____ Supervisor's Name _____
Dates Employed Job Title

Duties _____

Salary _____ Per _____ Reason For Leaving _____
(Hour, Week, Month)

THIRD MOST RECENT EMPLOYER

Company Name _____ City _____ State _____ (_____) _____
Phone Number

From _____ To _____ Supervisor's Name _____
Dates Employed Job Title

Duties _____

Salary _____ Per _____ Reason For Leaving _____
(Hour, Week, Month)

COMMENTS: _____

CERTIFICATION AND RELEASE:

I certify that I have read and understand the applicant 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 misrepresentations 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 of this 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.**