

EMPLOYMENT APPLICATION: PART-TIME, ON-CALL, AS-NEEDED, INTERMITTENT CAREGIVER

W.C. Creations, Inc. (d.b.a. an independently owned and operated Home Instead Senior Care franchise)
 1551 Jennings Mill Rd., Suite 2200A, Bogart, GA 30622
 (706) 613-2224

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 within a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. **Incomplete or illegible applications will not be processed.**
- If more space is needed to complete any question, use the Comments Section on the last page.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us, an independently owned and operated Home Instead Senior Care franchise. **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 begins, terminating employment.** All qualified applicants will receive consideration and will be treated throughout their employment without regard to gender, marital status, pregnancy, religion, race, age, color, 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 and throughout the course of employment.**

PERSONAL INFORMATION

Today's Date: _____ Social Security Number: _____ - _____ - _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Alternate Phone: (____) _____

E-mail Address: _____ Year & Make Of Vehicle: _____

Valid Driver's License #: _____ State Issued: _____ Expiration Date: _____

Other Names or Social Security Numbers Previously Used:

Last First Middle Social Security Number

Last First Middle Social Security Number

Emergency Contact: _____ (____) _____
Name Home Phone
 _____ (____) _____
Relationship Work Phone

Have you ever applied to Home Instead Senior Care? Yes / No If yes, which location? _____

For Office Use Only: Date Received: _____ Interview Date: _____
Background Received: _____ Orientation Date: _____

You have been given a copy of the job description for the position for which you have applied. On a regular basis, are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accommodation? Yes / No

How did you hear about our Home Instead Senior Care franchise office? _____

Why are you interested in employment with us? _____

CERTIFICATIONS (please indicate and include photocopies with your application)

- | | | |
|---|---|--|
| <input type="checkbox"/> Registered Nursing Assistant (NAR) | <input type="checkbox"/> Registered Nurse (RN) | <input type="checkbox"/> CPR Certification |
| <input type="checkbox"/> Certified Nursing Assistant (CNA) | <input type="checkbox"/> Licensed Practical Nurse (LPN) | <input type="checkbox"/> First Aid Certification |
| <input type="checkbox"/> Home Health Aide (HHA) | <input type="checkbox"/> Fundamentals of Caregiving | <input type="checkbox"/> HIV Awareness |
| <input type="checkbox"/> Nurse Delegation | <input type="checkbox"/> Companion | <input type="checkbox"/> TB Screening (within past year) |
| <input type="checkbox"/> Medical Technician | <input type="checkbox"/> CIJIS Report | |

Other Certifications: _____

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

- Full-Time (30 or more hours/week) Part-Time (less than 30 hours/week) Hours/Week Desired: _____
- Mornings Afternoons Evenings Overnights Live-In
- Weekdays Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work:

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift 1 (Days)	From:							
	To:							
Shift 2 (Evenings/Overnights)	From:							
	To:							

Please note that changing your availability after being hired may limit the work we can offer you.

PREFERENCES

Please indicate all counties in our service area in which you are willing to work:

- Barrow County Clarke County Elbert County Franklin County Greene County
- Jackson County Madison County Morgan County Oconee County Oglethorpe County

Please indicate the types of services that you are willing to provide:

<input type="checkbox"/> Companionship	<input type="checkbox"/> Housekeeping (dusting/vacuum)	<input type="checkbox"/> Errands/Shopping*
<input type="checkbox"/> Meal Preparation	<input type="checkbox"/> Laundry/Ironing	<input type="checkbox"/> Incidental Transportation*
<input type="checkbox"/> Personal Care (bathing/toileting)	<input type="checkbox"/> Medication Reminders	<input type="checkbox"/> Dementia/Alzheimer's Care

**In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: Cats Dogs Other

Are you willing to provide service to a client that smokes? Yes / No Are you a smoker? Yes / No

Can you cook meals? Give some examples: _____

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BACKGROUND

As a condition of employment, all employees must be “Bondable”—this means that you have no criminal convictions—and you must remain “Bondable” throughout the term of your employment. This will be verified by conducting a criminal background check. You must sign the release permit provided on a separate page.

List all states *and* counties of residence for the past seven (7) years:

_____	_____	_____	_____
State	County	State	County
_____	_____	_____	_____
State	County	State	County

Failure to honestly answer the following questions will result in discontinued consideration of your application or termination of your employment:

Have you had any moving traffic violations? Yes / No If yes, please describe: _____

Have you been convicted of a felony and/or misdemeanor? Yes / No If yes, please describe:

Incident City/State Result

1) _____

2) _____

REFERENCES (Do not include relatives)

Please complete all six references. Your application will not be considered unless six references are provided.

Since we will contact these references, please notify them in advance.

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		
4)	H () W ()	AM / PM AM / PM		
5)	H () W ()	AM / PM AM / PM		
6)	H () W ()	AM / PM AM / PM		

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 authorize investigation of all statements contained in this application. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment without any previous notice. I authorize W.C. Creations, Inc. (hereinafter called “the Company”) and/or its agents, including consumer-reporting bureaus, to verify any of this

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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 release the Company from any liability that might result from making such investigations. I authorize the Company to give any potential client my name, phone number and any information provided on this application and I release the Company from any damages that may result from furnishing such information. **I understand that any assignment offered to me is on an on-call, as-needed, temporary or intermittent basis and there is no guarantee of additional or ongoing assignments. I also understand that the use of illegal drugs is prohibited during employment. If required by company policy, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I further understand that continued employment may be based on the successful passing of job-related physical examinations.**

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and W.C. Creations, Inc. is terminable at-will, so that both the Company and I remain free to choose to end our work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures; and that such changes may include a reduction in benefits. If employed, I further agree that if during the course of employment, the Company advances me money, or if I lose, destroy or fail to return any company property, my signature is my authorization for the Company to deduct from my wages the sufficient funds to repay what I owe.

APPLICANT SIGNATURE

DATE

Thank you for completing this application form and for your interest in our company!

Please return this application to our office at your earliest convenience.