

# EMPLOYMENT APPLICATION

Siouxland Care Inc. d.b.a. Home Instead Senior Care  
220 S. Fairmount St. Sioux City, IA 51106  
712-258-4267



*To us, it's personal.*

**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.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- 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 race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

## PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_\_) \_\_\_\_\_

Other Names or Social Security Numbers Previously Used:

\_\_\_\_\_  
Last First Middle Social Security Number

Emergency Contact(s): \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Name Phone

Valid Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_ Year of vehicle: \_\_\_\_\_

Auto Insur Co: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Have you ever submitted an application here before? **Yes / No** If yes, when? \_\_\_\_\_

Have you ever been employed here before? **Yes / No** If yes, when? \_\_\_\_\_

Each Home Instead Senior Care franchise office is independently owned and operated.

How did you hear about our Home Instead Senior Care franchise? \_\_\_\_\_

Have you have been given a copy of the job description for the position for which you have applied to review. **Yes / No**  
Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation? **Yes / No**

Why are you interested in employment with us? \_\_\_\_\_

### **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:

\_\_\_\_\_ Mornings \_\_\_\_\_ Afternoon \_\_\_\_\_ Evenings \_\_\_\_\_ Overnights \_\_\_\_\_ Weekdays \_\_\_\_\_ Weekends

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

		<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>	<b>Sunday</b>
Shift	From:							
	To:							

### **PREFERENCES**

Please indicate all areas of the city in which you are willing to work:

\_\_\_\_\_ North \_\_\_\_\_ Morningside \_\_\_\_\_ East \_\_\_\_\_ West \_\_\_\_\_ Downtown \_\_\_\_\_ Outside City Limits

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

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Shopping/Transportation*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities (games/crafts)	<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

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

### **JOB RELATED SKILLS**

Describe any training or life skills you have that apply to caring for a senior: \_\_\_\_\_

Describe any work history you have that would apply to caring for a senior: \_\_\_\_\_

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

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

What personal rewards do you get from working with seniors? \_\_\_\_\_



**SECURITY**

\*\*\*\*\*Please be sure to complete the attached Authorization to do a criminal and motor vehicle background check.

As a condition of employment all employees must be "Bondable"& "Insurable". Are you at least 19 years of age? **Yes / No**

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

Have you been convicted of a felony and/or misdemeanor in the past seven (7) years? **Yes / No** If yes, please describe:

Incident City/State Charge

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. If we are unable to reach all 6 references, you will be asked to provide additional references.

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		

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one (1) 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 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 release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between myself and Siouxland Care Inc, is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

Each Home Instead Senior Care franchise office is independently owned and operated.