

# Helpers@Home – Application for Employment

Today's Date:		Date Available for Work:	
First Name and Middle Initial:		Last Name:	<b>Please list all addresses for the last <u>Five years</u></b>
Current Address:		City/State:	County: Zip:
Previous Address From ____ to ____		City/State:	County: Zip:
Previous Address From ____ to ____		City/State:	County: Zip:
E-Mail Address:	Do you have a valid driver's license? Yes No Do you have <b>reliable personal</b> (non-public) transportation? Yes No	Residence Phone number:  Cell Phone number:	Business Phone:
Education: Did you graduate from high school or receive a GED? Yes No			
Name of school granting your CNA certification? _____ Location? _____			
Name of school granting your HHA certification? _____ Location? _____			
Is your license current? Yes No N/A If yes, on the registry of which State? _____			
<b>Other Education: Name of institution</b>		<b>Location</b>	<b>Program</b> <b>Did you Graduate?</b>
			Yes No
Drivers License #		Social Security #	

**Availability: (Please list the hours you are available, or check if shift / live – in)**

**Weekday hours: (Morning / Day \_\_\_\_\_) (Evening / Night \_\_\_\_\_) (12 Hr Shift \_\_\_\_ ) (Live-in \_\_\_\_\_)**

**Weekend hours: (Morning / Day \_\_\_\_\_) (Evening / Night \_\_\_\_\_) (12 Hr Shift \_\_\_\_ ) (Live-in \_\_\_\_\_)**

**Date of your most recent Mantoux (TB) test: \_\_\_\_\_ (If applying for PCA work, must be within 12 months)**

Ok working with Dogs	Yes/No
Ok working with a Smoker	Yes/No

Ok working with Cats	Yes/No
Willing to work 1 or 2 hour cases?	Yes/No

**Skills:**

Please rate your skill as **1** if you have observed the task. Rate your skill a **2** if you are trained for the task, but do not have much experience. Rate your task skill a **3** if you are very experienced

#	Task	Skill Rating	#	Task	Skill Rating
1	Homemaking / Companion		10	Taking vitals	
2	Bathing		11	Passing medications	
3	Grooming		12	Work with dementia clients	
4	Help getting dressed		13	Work with Parkinson's clients	
5	Oral Hygiene		14	Infection control Techniques	
6	Preparing special diets		15	Range of motion exercises	
7	Toileting		16	Memory care	
8	Lift belts		17	Transfer Techniques	
9	Other lift equipment		18	Other	

**Experience:**

Name of Facility, Company, Agency, Volunteer Org. _____ Address: _____ _____ Duties - use the number of the appropriate skill(s) _____ Describe your other duties or responsibilities _____	Dates (If within last 5 years) Start _____ End _____ Reason for leaving _____ _____	Supervisor: Name _____ Title _____ Phone _____ Best time to call _____ May we contact? _____ If no, why not? _____ Co-worker (we may contact) Name _____ Title _____ Phone _____ Best time to call _____
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Please provide the names of three **non-relatives** who can be contacted **regarding your qualifications, work habits and character.**

Name	Address	Phone	Best time to call	Relationship

**Describe additional experience or training that qualifies you for this job:**

**Describe some of your interests / hobbies that can help us make a good, personable match for you:**

**Have you served a sentence in jail or prison or been convicted of a felony for which a jail sentence could have been imposed? You may answer "No" if the conviction or criminal records have been annulled, sealed, set aside, or purged, or if you have been pardoned pursuant to the law.**

**No Yes** If "Yes", please attached a separate sheet with explanation. Information concerning this question will not be used to automatically bar you from employment but may be used to direct your interests to areas less related to the areas of your conviction.

**No Yes** Do you have any limitations which would prevent you from caring out the duties of this Job?

If you are hired for this position you may be required to undergo a physical examination and/or drug screening and/or background check at this employer's expense to determine whether or not you are able to perform the duties of this position in an effective and safe manner, and whether or not accommodations need to be made for you.

In accordance with the Immigration Reform and Control Act of 1986, this employer hires only U.S. Citizens and lawfully authorized alien workers. If hired, you will be required to provide written documentation of citizenship or legalized alien program. Failure to provide said documentation will result in dismissal.

This employer has the right to verify information provided in the application. False information may be grounds for rejecting this application or for dismissal following employment. In connection with this application for employment, I authorize the employer and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application, including, but not limited to, my records maintained by an educational institution relating to academic performance such as transcripts.

Moreover, I hereby release the employer and any agent acting on its behalf from any and all liability of whatsoever nature by reason of requesting such information from any person.

**I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and I understand the information above.**

Date \_\_\_\_\_ Signature \_\_\_\_\_