EMPLOYMENT APPLICATION for HOME CARE WORKER

Personal Information	
Name	First _____ 2nd Initial_____ Last: _____
Address	Street: _____ Apartment:_____ City: _____ State:_____ Zip:_____
Phone	Home: _____ Cell: _____ Other: _____
Electronic	Email Address: _____
Date of Birth	Day: _____ Month:_____ Year: _____
SIN	Social Insurance Number: _____
Gender	Male:_____ Female: _____
Language	What languages do you speak? _____ _____
Emergency Contact	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
Education	
Formal	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____
Informal	Do you have current First Aid Certification (State Level): _____ Expiry Date:_____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ (Specify) Other: _____ *(Specify)*

Restrictions	
Work Limitations	List any work limitations that you may have and briefly describe: Hearing: ___ Yes ____ No _____ Speech: ___ Yes ____ No _____ Lifting: ___ Yes ____ No _____ Health: ___ Yes ____ No_____ Physical: ___ Yes ____ No_____ Emotional: ___ Yes ____ No_____ Other: ___ Yes ____ No _____
Availability for Work	
Hours & Days Available for Work	_____Full-time _____ Part-time _____ Short-notice _____Split Shift Indicate Days and List Hours Available for Work: ____Sunday: From: _____ To: _____ ____Monday: From: _____ To: _____ ____Tuesday: From: _____To: _____ ____Wednesday: From: _____To: _____ ____Thursday: From: _____To: _____ ____ Friday: From: _____To: _____ ____Saturday: From: _____ To: _____ What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day?_____
Type of Work Seeking	
Type of Position(s) Preferred	_____ Home Maker _____ Personal Care _____ Companion _____ Live-In _____ Other: _____ *(Specify)* Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: ____Weekdays (Monday a.m. to Friday a.m.) _____Weekends: (Friday a.m. to Monday a.m.)
Clients Not Willing/Able to Work With	_____ Dementias/Alzheimer's _____ Physical Disabilities _____ Smokers _____ Pets _____Mental Retardation _____ Females _____Behavioral Disorders _____ Males _____ Elderly (over 65) _____ Client use of marijuana for medicinal purposes _____ Children _____ HIV Positive/Aids _____ Other: _____ *(Specify)*

Duties <u>Not</u> Willing/Able to Perform	_____ Bathing ------- Grooming _____ Oral Care _____ Dressing _____ Bowel Care _____ Bladder Care _____ Feeding _____ Ambulation ____ Housekeeping ____ Laundry ____Meal Preparation ____Shopping ____ Transportation ____ Medication Reminding ____ Friendly Reassurance Phone Call/Home Visit ____ Other _____
Experience	Indicate which of the following you have experience in: _____ Bathing/Showering ------- Grooming _____ Personal Hygiene _____ Dressing _____ Bowel Care _____ Bladder Care _____ Feeding _____ Ambulation _____ Toileting ____ Housekeeping ____ Laundry ____Meal Preparation ____Shopping ____ Transportation ____ Medication Reminding ____ Friendly Reassurance Phone Call or Home Visit -------- Socialization ____ Other _____ *(Specify)*
Assignment Location	Are you restricted in the geographical location you are willing/able to work? ___Yes ___No Explain: _____
Transportation	
Type	_____Private Vehicle _____Bus _____Bike _____Other: _____ *(Specify)*
Driver's License	Do you have a valid Driver's License?: _____
Transporting Clients	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____
Abuse Investigation	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: ___Yes___No _____ _____

Reference Information	
Work Related #1 (Last Position)	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name_____._____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Work Related #2 (2nd Last Position)	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name_____._____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Work Related #3 (3rd Last Position)	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name_____._____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
Personal #1	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship *(friend, co-worker, family etc.*)_____ (*Other than relative*.)
Personal #2	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship *(friend, co-worker, family etc.*)_____ *Other than relative*.)

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in the rejection of my application. I authorize the investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references, and any other individual/organizations to provide information

to H.C.O.P.E., LLC and I hereby release and discharge any of the above and H.C.O.P.E., LLC from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check

I further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

_____ _____

Applicant's Signature Date