



APPLICATION for EMPLOYMENT

| PERSONAL DATA | | | |
|---|--|-------------------------|------------|
| NAME LAST, FIRST, M | | DATE | HOME PHONE |
| PRESENT ADDRESS (STREET, CITY, STATE, ZIP) | | CELL PHONE | |
| | | EMAIL | |
| MALE / FEMALE | | OPEN TO LIVE-IN CARE | |
| VEHICLE (YEAR, MAKE) | | DRIVER'S LICENSE NUMBER | |
| DO YOU HAVE A CURRENT FINGERPRINT CLEARANCE CARD? | | | |

| PLACEMENT INFORMATION | | | | | | |
|-------------------------|--------|---------|--------------------------------|----------|--------|----------|
| DATE AVAILABLE | | | IDEAL NUMBER OF HOURS PER WEEK | | | |
| HOURS AVAILABLE TO WORK | | | | | | |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| | | | | | | |

| EDUCATION | | | | |
|--|----------|---------|--------|-------|
| LIST BUSINESS SCHOOLS, COLLEGES ATTENDED AND ANY RELATED CLASSES | | | | |
| NAME OF SCHOOL | LOCATION | SUBJECT | DEGREE | YEARS |
| | | | | |
| | | | | |
| | | | | |

| REFERENCES | | | |
|------------|--------------|------------------|-------|
| NAME | RELATIONSHIP | TELEPHONE NUMBER | YEARS |
| NAME | RELATIONSHIP | TELEPHONE NUMBER | YEARS |
| NAME | RELATIONSHIP | TELEPHONE NUMBER | YEARS |

| EMPLOYMENT HISTORY | | |
|-----------------------|------------------|-------------------|
| PRESENT/LAST EMPLOYER | TELEPHONE NUMBER | SUPERVISOR'S NAME |
| | | MAY WE CONTACT? |

| | | | |
|-------------------------|------------------|---|--------------------|
| ADDRESS | | POSITION TITLE | |
| SUMMARY OF DUTIES | | DATES EMPLOYED | REASON FOR LEAVING |
| FIRST PREVIOUS EMPLOYER | TELEPHONE NUMBER | SUPERVISOR'S NAME MAY WE CONTACT? Yes/No | |
| ADDRESS | | POSITION TITLE | |
| SUMMARY OF DUTIES | | DATES EMPLOYED | REASON FOR LEAVING |
| NEXT PREVIOUS EMPLOYER | TELEPHONE NUMBER | SUPERVISOR'S NAME MAY WE CONTACT? Yes/No | |
| ADDRESS | | POSITION TITLE | |
| SUMMARY OF DUTIES | | DATES EMPLOYED | REASON FOR LEAVING |

EXPERIENCE WITH SENIORS AND SPECIAL NEEDS POPULATIONS

DESCRIBE ANY PERSONAL, VOLUNTEER OR WORK RELATED EXPERIENCES THAT WILL HELP YOU IN THIS POSITION

| | |
|--|--|
| HAVE YOU HAD A TB TEST IN THE LAST 3 YEARS? | TESTED POSITIVE / NEGATIVE |
| HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY? | IF YOU ANSWERED YES, PLEASE USE A SEPARATE SHEET TO EXPLAIN THE OFFENCE IN DETAIL. |

By signing this application, I certify this information to be true and agree to allow the above mentioned Home Care Agency to perform a criminal history background check, at their leisure, and I give permission for them to check my references.

_____ / _____
SIGNATURE DATE

Once complete, please email your application to work@helpfulhandscare.com.