

ALWAYS THERE IN HOME CARE OF SC

How did you hear about our company? If one of our employee's referred you, please write that person's name:

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer with a policy of non-discrimination in employment on any basis including: race, color, age, gender, religion, disability, medical condition, national origin, marital status or sexual orientation.

Name		Date
Street Address		
City	State	Zip Code
Home Phone	Email	
Cell Phone	Applying as a Companion _____ In-Home Aide _____ CNA _____	

Emergency Contact

Name	Relationship
Phone 1	Phone 2

Transportation: Caregiver positions require the caregiver to transport a client. You must be a licensed driver with a dependable car at your disposal for your shifts.

Is your Driver's License current? yes no

Have you received a conviction for a moving traffic violation during the last 3 years? yes no

Have you received a Driving While Intoxicated (DWI) or Driving Under Influence (DUI) citation during the last 3 years?
 yes no

Availability

Number of hours you would like to work per week	Days you are available to work Sa: ___ Su: ___ M: ___ Tu: ___ W: ___ Th: ___ F: ___
Times you are available to work	

Education

High school	City/State	Dates
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College	City/State	Dates
Other	City/State	Dates
Degrees/certificates		
Special skills or courses		

Skills - Please indicate whether you have assisted with or performed the following tasks for seniors.

Companion-ship	<input type="checkbox"/> yes <input type="checkbox"/> no	Ambulating	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no
Bathing	<input type="checkbox"/> yes <input type="checkbox"/> no	Walker	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery Shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Transfer Assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Incontinence Care	<input type="checkbox"/> yes <input type="checkbox"/> no	Wheelchair	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no
Assist with Toileting	<input type="checkbox"/> yes <input type="checkbox"/> no	Hospital Bed	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication Reminders	<input type="checkbox"/> yes <input type="checkbox"/> no
Lift	<input type="checkbox"/> yes <input type="checkbox"/> no	Basic Housekeeping	<input type="checkbox"/> yes <input type="checkbox"/> no	Dementia Care	<input type="checkbox"/> yes <input type="checkbox"/> no

Employment History - List your work history for the last 5 years (use another sheet if you need more space) starting with your most recent employer.

May we contact your current employer? yes no

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	

Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Business References – List two people who can tell us about your work habits

Name	Address	Relationship/Years Known	Local Phone #

Personal References – List two people who can tell us about your personal character

Name	Address	Relationship/Years Known	Local Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand the application 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 understand that any false information, omissions, or misrepresentation of facts called for 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 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 also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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