Full Name: Date:

Address*:* Zip Code:

Social Security Number

Are you at least 18 years of age? Yes No Date of Birth: / /

Home Phone Number: Cell Phone Number:

Email Address:

Drivers License Number: State of Issue:

Are you authorized to work in the United States on an unrestricted basis? Yes No

### EMPLOYMENT DESIRED

Position: Wage Desired:

Date available to begin work: Hours preferred: Part-time Full-time How did you hear about us?

What cities/locations are you willing to work in?

Some sites may have pets. Are you willing to work in a home with pets? Yes No

### QUALIFICATIONS

Do you possess a valid Driver’s License?  Yes  No

Explain all YES answers:

Some positions with the Company may require employees to transport individuals in a vehicle. Therefore, a valid driver’s license may be required. Prior to hire, your driver’s license may be processed to ensure you are a valid and insurable driver.

### EDUCATION

**COMPLETED**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **YES** | **NO** |  | **DEGREE** | **Name of School** | **Address** | **Major** |
|  |  | High School / GED |  |  |  |  |
|  |  | Technical / Vocational |  |  |  |  |
|  |  | College / University |  |  |  |  |
|  |  | Other: |  |  |  |  |

### SPECIALIZED TRAINING, CERTIFICATION OF EXPERIENCE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Training/Certification*** | |  | ***Expiration Date***  *(if applicable)* | ***Additional Comments*** |
| ***YES*** | ***NO*** |  |  |  |
|  |  | ***FIRST AID*** |  |  |
|  |  | ***CPR & AED*** |  |  |
|  |  | ***MEDICATION ADMIN.*** |  |  |
|  |  | ***BEHAVIOR SUPPORT*** |  |  |
|  |  | ***CRISIS INTERVENTION*** |  |  |
|  |  | ***FEEDING/SWALLOWING***  ***TECHNIQUES*** |  |  |
|  |  | ***POSITIONING*** |  |  |
|  |  | ***TRANSFERRING*** |  |  |
|  |  | ***LIFTING*** |  |  |
|  |  | ***BLOODBORNE PATHOGENS*** |  |  |
|  |  | ***ASTHMA/BREATHING***  ***DIFFICULTY*** |  |  |
|  |  | ***NEBULIZER TREATMENTS*** |  |  |
|  |  | ***SEIZURE DISORDERS*** |  |  |
|  |  | ***CATHETER CARE*** |  |  |
|  |  | ***FEEDING TUBES*** |  |  |
|  |  | ***PARALYSIS (PARA/QUAD)*** |  |  |

***List any license or certification you possess that is relevant to the position you are applying for:***

# REFERENCES

The Company requires that all applicants submit four references, which may include: current or former employers, supervisors, teachers or other qualified to objectively evaluate your ability to work in the position for which you have applied. Please list reference information identified below. The Company will be contacting each reference listed.

# PERSONAL REFERENCES:

## We prefer to not use relatives as references.

Name: Relationship to Applicant: Phone Number: Email:

Name: Relationship to Applicant: Phone Number: Email:

Name: Relationship to Applicant: Phone Number: Email:

# WORK HISTORY

## PLEASE COMPLETE WORK HISTORY FOR AT LEAST THE LAST 5 YEARS

If you are currently employed, may we contact your employer?  YES  NO

**Begin with current or most recent employer or position with employer:**

1. Employer: Address: Supervisor: Phone Number

Dates of Employment: Starting Date: Ending Date: Ending Wage: Position: Description of Job: Reason for Leaving:

1. Employer: Address: Supervisor: Phone Number

Dates of Employment: Starting Date: Ending Date: Ending Wage: Position: Description of Job: Reason for Leaving:

1. Employer: Address: Supervisor: Phone Number

Dates of Employment: Starting Date: Ending Date: Ending Wage: Position: Description of Job:

Reason for Leaving:

We are pleased you are interested in becoming a member of our Company. We are proud of our excellent reputation and the services we provide. We value diversity and want our work experience to be enjoyable. To help ensure a safe work environment and excellent services we carefully screen the background of all applicants. This screening may include an oral interview, as well as an investigation of your work history, driving record, application information, and reference check. Some service areas may also require an investigation of your background for any criminal conduct and an illegal drug screening.

**APPLICANT DECLARATION OF UNDERSTANDING**

***PLEASE READ CAREFULLY AND SIGN BELOW***

* I understand that the Company may conduct an investigation of the information I have provided on the application and, as part of that investigation, may contact prior and/or current employers and references, among others, including but not limited to the following:

1.

2.

3.

* I authorize the Company to conduct this investigation and I release from all liability to hold harmless any person giving or receiving information about me relative to this investigation.
* I understand that any falsification, misrepresentation or omission of information discovered as a result of this investigation may prevent my being hired or if hired, may subject me to the immediate termination of my employment with the Company.
* I understand that this application process does not create an employment contract
* I declare that I have never committed nor been charged or convicted of any act of abuse, neglect, exploitation or fraud in relationship to a dependent/vulnerable child or adult, within the past 10 years.
* I declare that I have never knowingly violated any applicable rules or laws in any previous employment in a residential, healthcare or similarly related employment.
* The Company is an equal opportunity employer and encourages diversity in employment. The Company makes all hiring decisions without regard to an applicant’s race, religion, sex, age, national origin, sexual orientation, disability or other protected classification under federal, state or local equal opportunity laws.
* The use of illegal drugs is absolutely prohibited under Company policy. Where allowed by applicable law, the Company may require employees to submit to drug testing as a condition of continued employment.

***By signing this application, I agree that I have read and understand the declarations listed above and I assert that all information given in this application is true.***

Date: Signature:

#### THANK YOU FOR YOUR INTEREST.