

JOB/EMPLOYMENT APPLICATION

Personal Information

Name	First _____ 2 nd Initial _____ Last: _____
Address	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
Phone	Home: _____ Cell: _____ Other: _____
Electronic	Email Address: _____
Date of Birth	Day: _____ Month: _____ Year: _____
SSN	Social Security 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	
	List any work limitations that you may have and briefly describe: Hearing: ___ Yes ___ No _____

Work Limitations	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? _____	

Assignment Location	Are you restricted in the geographical location you are willing/able to work? ___Yes ___No Explain: _____
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Transportation

Type	_____ Private Vehicle _____ Bus _____ Bike _____ Other: _____ <i>(Specify)</i>
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Driver's License	Do you have a valid Driver's License? _____
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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 _____ _____
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Reference Information

Work Related #1 (Last Position)	Company Name _____
	Address: _____
	Telephone No. & Email Address: _____:
	Supervisor's Name _____:
	Position Held: _____
	Duties/Responsibilities: _____

	<p>_____</p> <p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p>
Work Related #2 (2nd Last Position)	<p>Company Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____:</p> <p>Supervisor's Name _____.</p> <p>Position Held: _____</p> <p>Duties/Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p>
Work Related #3 (3rd Last Position)	<p>Company Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____:</p> <p>Supervisor's Name _____.</p> <p>Position Held: _____</p> <p>Duties/Responsibilities: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Length of Employment: _____</p> <p>Reason for Leaving: _____</p>
Professional Reference # 1	<p>Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____</p>
Professional Reference # 1	<p>Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____:</p>
Professional Reference # 1	<p>Name _____</p> <p>Address: _____</p> <p>Telephone No. & Email Address: _____:</p>

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize 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 **Active Home Care Services** and I hereby release and discharge any of the above and **Active Home Care Services** 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, if part of the Agency's pre-employment policy.

I 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