PERSONAL CARE AIDE APPLICATION

**INSTRUCTIONS:** Complete all questions (pages 1-4). Print all information requested except signature

Note: Applicants may be tested for illegal drugs.

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| **Personal Information** | | | | | | | | | Date: | | |
| Name: | **Last:** | | | | **First:** | | | | **Middle:** | | |
| Present Address: | **Street:** | | | | City: | | | | State: | | **Zip:** |
| How long at this address? | | | | | | | | | | | |
| Home Phone: ( ) - Business Phone: ( ) - Cell Phone: ( ) - | | | | | | | | | | | |
| Please list age (if under 18): | | | | Please indicate the days and times you are available to work: | | | | | | | |
| Position applied for:  **Have you ever applied here before**: Yes\_\_\_\_\_No\_\_\_\_\_ | | | | * Anytime   Mon – From: To:  Tue – From: To:  Wed – From: To: | | | | Thr – From: To:  Fri – From: To:  Sat – From: To:  Sun – From: To: | | | |
| Salary range desired: | | | |
| How many hours can you work weekly? | | | | | | Are you available to work nights? ❑ Yes ❑ Some ❑ None | | | | | |
| Are you available to work weekends? ❑ Yes ❑ Some ❑ None | | | | | | Would you consider live-in? ❑ Yes ❑ No | | | | | |
| Employment desired: ❑PART-TIME ONLY ❑FULL- OR PART-TIME ❑FULL-TIME ONLY | | | | | | | | | | | |
| Are you legally authorized to work in the US:? ❑ Yes ❑ No | | | | | | When are you available to start work?: | | | | | |
| Where did you hear about us? | | | | | | Email address: | | | | | |
| Education Information | | | | | | | | | | | |
| TYPE OF SCHOOL | | NAME OF SCHOOL | LOCATION (City, State) | | | | NUMBER OF YEARS COMPLETED | | | MAJOR & DEGREE | |
| High School | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| College | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  |  | | | |  | | |  | |
| Bus. Or Trade School | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  |  | | | |  | | |  | |
| Professional School | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |  |  | | | |  | | |  | |
| Have you ever been convicted of a crime? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (A conviction will not necessarily result in the denial of employment): | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Have you ever worked under a different name? ❑ Yes ❑ No | | | | | | | | | | | |
| If YES, what was it and what was the reason? | | | | | | | | | | | |
| Do you have any relatives or friends that work for the Company? ❑ Yes ❑ No  If YES, what is their name?  In Case of Emergency, Please Contact: Name: Relation:  Home Phone: Business Phone: | | | | | | | | | | | |

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| Driving Information | | |
| Do you have a driver’s license? ❑ Yes ❑ No Do you have active auto insurance? ❑ Yes ❑ No | | |
| Do you have a car? ❑ Yes ❑ No If NO, How would you get to work? | | |
| Driver’s License No.: State of Issue: Expiration Date: | | |
| Have you had any accidents during the past three years? ❑ No ❑ Yes | | How many? |
| Have you had any moving violations during the past three years? ❑ No ❑ Yes | | How Many? |
| Personal Reference Information | | |
| List two personal references. **DO NOT LISTrelatives or previous supervisors.** | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Friend ❑ Co-worker ❑ Teacher ❑ Pastor  ❑ Current Client ❑ Former Client  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone where person can be reached 9a – 5p  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ❑ Friend ❑ Co-worker ❑ Teacher ❑ Pastor  ❑ Current Client ❑ Former Client  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone where person can be reached 9a – 5p  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children or friends. Use additional sheets, if necessary. | | |
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| Why do you enjoy caregiving? | | |
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| Describe some of your volunteer work: | | |

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| Please check any Certification(s) you currently process: ❑ Certified Nursing Assistant ❑ Medication Technician  ❑ Certified Medicine Aide ❑ CPR certification  ❑ Geriatric Nursing Assistant ❑ First Aid Certification |
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| **Work Experience** | | | | | | | | | |
| Please list **at least two** of your work experiences in thepast five years **beginning with your most recent job held. If you were self-employed, give company name.** Attach additional sheets if necessary. | | | | | | | | | |
| **1. Name and address of employer:** | | | Name of last supervisor: | | | | Employment dates: | | Pay or salary: |
|  | | |  | | | | From:  To: | | Start:  Final: |
| Phone number: | | | Your Last Job Title: | | |  | | | |
| Reason for leaving (be specific): | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here: | | | | | | | | | |
| May we contact your present employer? ❑ Yes ❑ No  If NO, Please Explain Why and Please Provide Us with Another Work Reference: | | | | | | | | | |
| **2. Name and address of employer:** | | | Name of last supervisor: | | | | Employment dates: | | Pay or salary: |
|  | | |  | | | | From:  To: | | Start:  Final: |
| Phone number: | | | Your Last Job Title: | | |  | | | |
| Reason for leaving (be specific): | | | | | | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here: | | | | | | | | | |
| May we contact your present employer? ❑ Yes ❑ No  If NO, Please Explain Why and Please Provide Us with Another Work Reference: | | | | | | | | | |
| Skill Information | | | | | | | | | |
| How would you rate yourself on your experience with the following aspects of caregiving?  1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience | | | | | | | | | |
| Meal Preparation  Light Housekeeping  Bathing / Showering  Dressing / Grooming  Transferring  Incontinence Care | | ❑ 1 ❑ 2 ❑ 3 ❑ 4  ❑ 1 ❑ 2 ❑ 3 ❑ 4  ❑ 1 ❑ 2 ❑ 3 ❑ 4  ❑ 1 ❑ 2 ❑ 3 ❑ 4  ❑ 1 ❑ 2 ❑ 3 ❑ 4  ❑ 1 ❑ 2 ❑ 3 ❑ 4 | | | Dementia / Alzheimer’s Care  Are you willing to work with?  Clients that smoke  Ok with Cats  Ok with Dogs  Are YOU a smoker | | | ❑ 1 ❑ 2 ❑ 3 ❑ 4  ❑ Yes ❑ No  ❑ Yes ❑ No  ❑ Yes ❑ No  ❑ Yes ❑ No | |
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| In exchange for the consideration of my job application by Hot Springs Senior Care, LLC”, I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Hot Springs Senior Care, LLC company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Hot Springs Senior Care, LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Hot Springs Senior Care, LLC.. Both the undersigned and Hot Springs Senior Care, LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Hot Springs Senior Care, LLC may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. |
| I also understand that (1) Hot Springs Senior Care, LLC has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. |
| I hereby release any and all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any cause of action I might otherwise have against such employer arising out of the provision of information concerning my employment. |
| I further understand that my employment with Hot Springs Senior Care, LLC shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Hot Springs Senior care, LLC is terminable at will for any reason by either party. |
| I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Hot springs Senior Care, LLC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Hot springs Senior Care, LLC from any liability as a result of such contract. |
| Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Hot Springs Senior Care, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this depends solely on your qualifications. |