

Home Care Advantage, LLC. is an Equal Opportunity Employer. Applicants for all job openings are welcome and will be considered without regard to race, color, religion, national origin, sex, age, sexual orientation, physical or mental disabilities, or any other basis protected by State, Federal or local law.

PERSONAL INFORMATION								
LAST NAME	FIRST NAME	MIDDLE NAME	EMAIL ADDRESS					
CURRENT STREET ADDRESS	CITY	STATE	ZIP	Length of time at address				
PREVIOUS STREET ADDRESS	CITY	STATE	ZIP	Length of time at address				
HOME TELEPHONE NUMBER:	OTHER NAMES, if any, under which previous employment, references and education may be verified:	EMERGENCY CONTACT:						
CELL NUMBER:		Name:	Address:	Phone:				
Employees are not permitted to smoke cigarettes or any other tobacco products, or consume any tobacco products while on agency property or in a client's home. Are you willing to comply? <input type="checkbox"/> YES <input type="checkbox"/> NO		How long have you worked as a professionally caregiver? _____						
Home Care Advantage does not tolerate the use of illegal drugs either before or during work. Are you willing to comply? <input type="checkbox"/> YES <input type="checkbox"/> NO		Do you have experience working with clients who have Alzheimer's Disease or another form of Dementia? <input type="checkbox"/> YES <input type="checkbox"/> NO						
An elderly person in their home often requires lifting up to 25 lbs. Are you able to lift 25 lbs? <input type="checkbox"/> YES <input type="checkbox"/> NO		How many years have you done this? _____						
Are you willing to comply with our dress code? (clean, solid pants and tops, good hygiene, neat professional appearance) <input type="checkbox"/> YES <input type="checkbox"/> NO		Are you able to read, write and understand English as a part of your job performance? <input type="checkbox"/> YES <input type="checkbox"/> NO						
What is the minimum hourly wage that you will accept? \$ _____		Do you speak other languages? <input type="checkbox"/> YES <input type="checkbox"/> NO						
		Please list other languages: _____						
		Do you have any allergies that we should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO _____						
		Are you allergic to pets? <input type="checkbox"/> YES <input type="checkbox"/> NO						
EMPLOYMENT AVAILABILITY								
POSITION DESIRED	When would you be available to start?	How were you referred to our company?						
If hired by Home Care Advantage, LLC. would you need to give your current employer 2 weeks notice? <input type="checkbox"/> YES <input type="checkbox"/> NO								
Do you have any planned trips or vacations that will cause you to be unavailable for work? Please specify dates: _____								
Do you have commitments that will affect your availability? Please explain: _____								
Are you willing to work overtime? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work on short notice? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you willing to work on holidays? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work on weekends? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you willing to work 12 hour shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you willing to work double shifts? (16 hours) <input type="checkbox"/> YES <input type="checkbox"/> NO							
Are you willing to work in a home with pets? <input type="checkbox"/> YES <input type="checkbox"/> NO								
Are you willing to work day shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	Days available:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	Hours available:	_____						
Are you willing to work evening shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	Days available:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	Hours available:	_____						
Are you willing to work overnight shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	Days available:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	Hours available:	_____						
Are you willing to work live-in shifts? <input type="checkbox"/> YES <input type="checkbox"/> NO	Days available:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	Hours available:	_____						
What days and hours are you not available for work?	Days available:	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
	Hours available:	_____						

EMPLOYMENT HISTORY
Attach additional sheets if needed

From	To	Employer Name (present or most recent)	Telephone No.
Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		Address	
Final Job Title		Summarize the Nature of Work Performed and Job Responsibilities:	
Immediate Supervisor Name and Title			
May we Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving			
From	To	Employer Name (present or most recent)	Telephone No.
Hourly Rate/Salary Start \$ _____ per _____ Final \$ _____ per _____		Address	
Final Job Title		Summarize the Nature of Work Performed and Job Responsibilities:	
Immediate Supervisor Name and Title			
May we Contact for Reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Reason for Leaving			

EDUCATIONAL HISTORY

	SCHOOL NAME	LOCATION (City, State, Zip)	DEGREE/AREA OF STUDY	# OF YEARS ATTENDED	GRADUATED?
High School					<input type="checkbox"/> YES <input type="checkbox"/> NO
College					<input type="checkbox"/> YES <input type="checkbox"/> NO
Graduate School					<input type="checkbox"/> YES <input type="checkbox"/> NO
Other					<input type="checkbox"/> YES <input type="checkbox"/> NO

SKILLS

If applicable for position for which you are applying (Please provide certificates as requested)

First Aide Certificate - Expiration Date	<input type="checkbox"/> YES <input type="checkbox"/> NO
CPR Certificate - Expiration Date	<input type="checkbox"/> YES <input type="checkbox"/> NO
CNA - Expiration Date	<input type="checkbox"/> YES <input type="checkbox"/> NO
HHA - Expiration Date	<input type="checkbox"/> YES <input type="checkbox"/> NO

Do you have any experience, training, and qualifications, special skills, hobbies, accomplishments, awards or job-related information which you think make you suited for work at this company? (Explain)

TRANSPORTATION

Your assignment may include transporting clients to appointments.

Are you willing to transport clients in your car? YES NO If YES, please provide copies of your driver's license and insurance card.

Driver's License Number _____ State: _____

Insurance Company _____ Policy #: _____ Expiration Date _____

Do you have any driving violations on your record? YES NO

If YES, please list these violations:

LEGAL

If hired will you be able to furnish proof that you are legally authorized to work in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you over 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been involuntarily terminated or requested to resign?	<input type="checkbox"/> YES <input type="checkbox"/> NO

IMPORTANT: Do not answer "YES" to the question below IF: (1) the record of this conviction has been judicially ordered sealed, expunged, or statutorily eradicated; or (2) the conviction relates to an offense for which you were referred to and participated in, any pre-trial or post trial diversion program; or (3) the conviction relates to a misdemeanor for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed; or (4) the conviction relates to a marijuana-related misdemeanor that occurred more than two years ago.

Have you ever been convicted of a felony or misdemeanor? YES NO

If YES, please complete this information:
 Date: _____ County: _____ State: _____ Nature of Offense: _____

A "YES" answer does not automatically disqualify an applicant for further consideration for employment. Please explain any "YES" answer fully on an additional sheet of paper so that individual circumstances can be considered.

REFERENCES

Please provide three professional references. Professional references should have specific knowledge of your work experience. Include two past or present supervisors.

NAME	TELEPHONE #	ADDRESS	How does this person know you?
NAME	TELEPHONE #	ADDRESS	How does this person know you?
NAME	TELEPHONE #	ADDRESS	How does this person know you?

Initial | I authorize the investigation of all statements contained in this application (and accompanying resume or other documentation, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s) and organizations named in this application (and accompanying resume or other documentation, if any) to provide Home Care Advantage, LLC. with records, information and opinion, personal or otherwise, that may be useful in making a hiring/contracting decision. I release all information from any liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith) to Home Care Advantage, LLC.

Initial | In consideration of employment/contracting, I agree to comply with rules, policies, procedures and standards of Home Care Advantage, LLC. I understand that nothing contained in this application or in the interview process is intended to create a contract between Home Care Advantage, LLC. and myself for either employment or for the providing of any benefits. I agree that my employment/contracting is at-will and can be terminated at-will, with or without cause, and with or without notice, at any time, either at my option or the option of Home Care Advantage, LLC. I further agree that the terms of employment/contracting may be changed, except for my at-will status, including but not limited to demotion, promotion, transfer, compensation, benefits, duties and location of work at any time, for any reason, at the option of Home Care Advantage, LLC. I further agree that the at-will nature of my employment/contracting with Home Care Advantage, LLC. can be modified only by written agreement signed by the President of Home Care Advantage, LLC.

Initial | I understand that as a condition of employment/contracting, I may be required to take a post-offer physical examination which may include an alcohol and drug test. I further understand that at any time during my employment/contracting, I may be required to take a physical exam which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my assignments in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to Home Care Advantage, LLC. or to its agents, all medical information revealed during such examinations. I further authorize Home Care Advantage, LLC. to disclose such information to any other persons if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability which will affect my ability to take the test, I will inform Home Care Advantage, LLC. so that a reasonable accommodation can be made. Home Care Advantage, LLC. reserves the right to require medical documentation concerning the need for accommodation.

Initial | I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.

Initial | I hereby acknowledge that I have read the above statements and understand them. "I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly made any misstatements of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or employment agency policy and procedure."

APPLICANT SIGNATURE _____ DATE _____