



EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us, an independently owned and operated A GOOD CARE LLC. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

PERSONAL INFORMATION

Today's Date: _____

Positions(s) Applied For: _____

Name: _____
Last First Middle

Social Security Number_ _____

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (_____) _____ Cell Phone: (_____) _____

Emergency Contact(s): _____ (_____) _____
Name Phone

_____ (_____) _____
Name Phone

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

Make & Model of Vehicle: _____ Year of vehicle: _____

Auto In Co: _____ Policy # _____ Exp Date: _____

Have you ever submitted an application here before? **Yes / No** If yes, when? _____

Have you ever been employed here before? **Yes / No** If yes, when? _____

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

____ Mornings ____ Afternoon ____ Evenings ____ Overnights ____ Weekdays ____ Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work. If you are flexible just write OPEN.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Shift	From:							
	To:							

PREFERENCES

Please indicate all areas of the COUNTIES in which you are willing to work:

____ PASCO ____ HILLSBOROUGH

SELECT ALL OF THE CERTIFICATIONS YOU HAVE RECEIVED:

- ____ CNA (CERTIFIED NURSING ASSISTANT)
- ____ CHHA (CERTIFIED HOME HEALTH AID)
- ____ HHA (HOME HEALTH AID)
- ____ CPR & FIRST AID
- ____ OTHERS SPECIFY _____

SELECT THE TYPE OF EXPERIENCE YOU HAVE AS A CAREGIVER:

- ____ Caring for a family member.
- ____ Hospice facility
- ____ Hospital
- ____ In-home care agency
- ____ In-home hospice
- ____ Private Duty
- ____ Senior living facility

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Shopping/Transportation*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities (games/crafts)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer's Care

**In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: ____ Cats ____ Dogs

Are you willing to provide service to a client that smokes? Yes / No

EDUCATION *

Please circle highest grade completed:

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
Vocational/Technical					Y / N
College/University					Y / N

*For employment our minimum education requirement is either a GED or High School diploma

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? **Yes / No** If yes, may we contact? **Yes / No**

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____ Job Title Supervisor's Name

Duties

\$ _____ per _____

Salary (Hour, Week, Month) Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name City State (_____) Phone Number

Dates Employed: From _____ to _____ Job Title Supervisor's Name

Duties

\$ _____ per _____

Salary (Hour, Week, Month) Reason for Leaving

SECURITY

Please be sure to complete the attached Authorization to do a criminal and motor vehicle background check.

As a condition of employment all employees must be "Bondable"& "Insurable". Are you at least 19 years of age? **Yes / No**

List states *and* counties of residence for the past seven years:

Have you had any moving traffic violations? **Yes / No** If yes, please describe: _____

Have you been charged/convicted of a felony and/or misdemeanor/or served time **Yes / No** If yes, please describe:

	<u>Incident</u>	<u>City/State</u>	<u>Charge</u>
1)	_____	_____	_____
2)	_____	_____	_____

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years? **Yes or No.**

REFERENCES (Do not include relatives)

Please complete all 3 references. Your application will not be considered unless 3 references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

	Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)		H () W ()	AM / PM AM / PM		
2)		H () W ()	AM / PM AM / PM		
3)		H () W ()	AM / PM AM / PM		

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page one (1) 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 misrepresentations of facts 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 of this 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 release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE