

Why are you interested in employment with us? _____

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:

Do you prefer: Full-Time Part-Time Per Diem Hours per week desired: _____

Mornings Afternoons Evenings Overnights Weekdays Weekends Holidays Live-In

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

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

Wage rate desired: \$ _____ Hourly Daily Per Assignment

PREFERENCES

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

				Nurse Supervisor
Companionship		Housekeeping (dust/vacuum)		Errands/Shopping/Transportation*
Meal Preparation		Laundry/Ironing		Personal Care
Activities (games/cards)		Medication Reminders		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

Do you have hospice experience? Yes / No

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for a senior: _____

Describe any work history you have that would apply to caring for a senior: _____

What do you like (or think you would like) most about working with older adults? _____

What do you like (or think you would like) least about working with older adults? _____

What personal rewards do you get from working with seniors? _____

SECURITY

Please be sure to complete the attached authorization to do a criminal and motor vehicle background check. As a condition of employment, employees must be bondable & insurable. Are you at least 18 years of age? **Yes / No**

Are you either a US Citizen or an alien authorized to work in the US? **Yes / No**

List states *and* countries 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 / No**

REFERENCES (Do not include relatives)

Please complete all three references. Your application will not be considered unless three 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 the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions or misrepresentation of facts will result in rejection of this application and/or discharge at any time during employment. I understand I will provide authorization to Nana's Home Health Care Services, Inc. to verify any and all information contained within this application, including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies & law enforcement authorities to release any information concerning my background & hereby release any said persons, schools, companies & law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.

Restrictive Covenant: I understand that I will have to enter into a restrictive covenant agreement if I am employed by Nana's Home Health Care Services, Inc.

Applicant's Signature: _____ Date: _____

For Office Use Only

Application Reviewed By: _____ Date: _____

Caregiver Interviewed By: _____ Date: _____