

EMPLOYMENT APPLICATION

NOTE TO APPLICANT: This application form is designed to assess your qualifications for employment with our Agency. 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 termination of the application process or, if discovered after employment begins, termination of employment. All qualified applicants will receive consideration and will be treated during their employment without regard to race, color, religion, sex, national origin, age, disability, or any other class status protected by applicable law. By law it is required that, if accepted for the position you are applying for, you need to meet all the requirements that are required by law without distinction of person.

| PERSONAL INFORMATION: | | Today's Date: | | | |
|---|-------------------------------|----------------|----------------------------|--|--|
| Positions(s) Applied For: Caregiver Email: | | Date of birth: | | | |
| Name: | | | | | |
| Last First | Middle | е | | | |
| Current Address: | | _ | | | |
| Street | City | State | Zip Code | | |
| Years living at current address: (if less than two | o years please complete prev | ious addres | ss). | | |
| Previous Address: | | | | | |
| Street | City | | | | |
| Home Phone: () | Cell Pilone. (_ | / | | | |
| Have you ever applied here before?YesNo | If yes, when? | | | | |
| Have you ever been employed here before?Yes | _No If yes, when? | | | | |
| How did you have about 112 Home Care Agency 11 C2 | | | | | |
| How did you hear about H3 Home Care Agency LLC? | | | | | |
| Who referred you? | | | | | |
| Do you know someone who works for us? Yes | No If is yes, wl | no? | | | |
| Do you speak other language? | Yes | No | 0 | | |
| Do you smoke? YesNo | Do you own a vehicle? _ | Yes | No | | |
| *To be able to provide transportation or run errands, you insurance. A motor vehicle record check will be conducted transport participants/client in employee personal car. | | | | | |
| SECURITY: ****Please be sure to complete the attached Authorizati As a condition of employment all employees must be "Bo | | r vehicle ba | ckground check. | | |
| Are you at least 18 years of age?YesNo | | | | | |
| Are you able to perform the essential functions of the accommodation?YesNo | he job for which you are a | pplying wi | th or without a reasonable | | |
| Are you a citizen of the United State?YesNo. I | f no, are you authorized to w | ork in the U | J.S.?YesNo | | |



YOU'RE AVAILABILITY: Due to the nature of the business, no guarantee can be made as to the schedule or the number of hours worked. What date are you available to begin work? Please complete all areas of availability: 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 From: To: **PREFERENCES:** Please indicate all areas of the counties in which you are willing to work: □Union □Snyder □ Dauphin ☐ Centre **□**Sullivan □Lycoming □Berk □ Columbia □Clinton □Mifflin □Montour ☐ Schuvlkill □Lancaster □York □Sullivan □Northumberland Please indicate the types of services which you are willing to provide: Errands/Shopping/Transportation* Companionship Housekeeping (dust/vacuum) **Meal Preparation** Laundry/Ironing **Personal Care** Activities (games/crafts) **Medication Reminders** Dementia/Alzheimer's Care **Bathing** Other Are you willing to provide service to a client with a pet? ____ Yes _____No If yes, which ones?: _____Cats _____ Birds _____ Reptiles Are you willing to provide service to a client that smokes? Yes No **JOB RELATED SKILLS:** Describe any training or personal experience you have in caring for people: Describe any work history you have that would apply to caring for people:

What do you like most about caring for people?

What is your least favorite thing about caring for people?



EDUCATION:

| School Type | School Name | City, State | GED/ General | # Yrs. Attended | Graduate |
|----------------------|-------------|-------------|--------------|-----------------|----------|
| High School | | | | | Y/N |
| Vocational/Technical | | | | | Y/N |
| College/University | | | | | Y/N |

| Identify your ethnic | Ity as: | White | Hispanis/Latino | Nativa American | |
|--------------------------|---------------------------|----------------------------|-----------------------|-------------------------|--------------|
| Asid Pacific Islander | Black/Allicali Profer not | White to answer | Other | Native American | |
| racine islander | 1161611100 | | _ Other | | |
| WORK HISTORY | | | | | |
| | | ınless all questions in th | nis section are answe | red. Since we will make | every effort |
| contact previous en | nployers, the correct | telephone numbers of p | past employers are e | ssential. | - |
| | | | | | |
| MOST RECENT EMP | <u>LOYER:</u> | | | | |
| | | | | | |
| Company Name | City | Sta | te Phone | Number | |
| | | | | | |
| Dates Employed: Fro | om to | | | | |
| | | Job Title | • | visor's Name | |
| Duties | | | | | |
| Daties | | | | | |
| \$ per | | | | | |
| Salary (H | lour, Week, Month) | Reason for Leaving | | | |
| | V N | 16.1 | | | |
| May we contact? | YesNo | If the answer is no, V | vny? | | |
| SECOND MOST REC | FNT FMPI OYFR: | | | | |
| <u> </u> | <u> </u> | | | | |
| | | | | | |
| Company Name | City | Sta | te Phone | Number | |
| Datas Faralassadı Fa | | | | | |
| Dates Employed: Fro | om to | Job Title | | visor's Name | |
| | | Job Title | • | | |
| Duties | | | | | |
| | | | | | |
| \$ per | | Reason for Leaving | | | |
| Salary (H | lour, Week, Month) | Reason for Leaving | | | |
| May we contact? | Ves No | If the answer is no, V | Vhv? | | |
| a, we contact: | | | • · · · · · | | |



| THIRD MOST RECENT EMPLO | OYER: | | | | | |
|---|---|---|--|--|---|---|
| Company Name | City | <u> </u> | tate | Phone Num | ber | |
| Dates Employed: From | to | | | | | |
| | | Job Title | | Supervisor's | Name | - |
| Duties | | | | | | - |
| \$ per | | | | | | _ |
| \$ per Salary (Hour, Wee | ek, Month) | Reason for Leaving | | | | |
| May we contact?Yes | No | If the answer is no, | Why? | | | |
| Have you been charged/conv Incident City/State | ricted of a Fe | elony or Misdemeanor <u>Charge</u> | ?Yes | No If yes, plo | ease describe: | |
| 1) | | | | | | |
| 2) | | | | | | |
| Have you ever been a charged p | erpetrator or | appeared on any child al | ouse registry in a | ny jurisdiction? | Yes N | o |
| REFERENCES (Do not include | relatives) | | | | | |
| Please complete all three refere | nces. <u>Your ap</u> | | | | | |
| references, please notify them in | n advance. If v | we are unable to reach al | l 3 references, yo | ou will be asked | l to provide additi | onal references. |
| Full Name | | Phone Number | Best Time of I | Day to Call | Relationship | Years Known |
| 1) | | | | | | |
| 2) | | | | | | |
| 3) | | | | | | |
| APPLICANT CERTIFICATI I certify that I have read and un questions and the statements made | derstand the a | applicant note on page or complete and true to the b | est of my knowle | edge and belief | | |
| I understand that any false inform or discharge at any time during any of this information includir companies, and law enforcement schools, companies and law enforcement company from any liability which | my employmong, but not lire authorities orcement auth | ent. I authorize the comp nited to, criminal history to release any informati orities from any liability | any and/or its ag and motor vehi on concerning m for any damage | ents, including cle driving recay background | consumer-reporti ords. I authorize and hereby relea | ng bureaus, to verify all persons, schools, se any said persons, |
| I also understand that if I recei employment. I am willing to sul application is not a contract of drug test or criminal background relationship between the Comparelationship at any time for any acknowledges that I have read, amount of work can be guaranteed. | bmit to drug t employment. d check. I also any and me i or no reason understand, a | esting to detect the use of My employment is continuounderstand that if hired is terminable at-will, so it. Any changes in this enand agree to the above di | of illegal drugs pringent upon confi, regardless of arthat both the comployment relationsclosure. I also used. | frior to and durification of creative or all presents on any and I resurship must be understand that | ng employment. I dentials and succ ations to the contr main free to cho made in writing. due to the nature | understand that this essful completion of ary, the employment ose to end out work My signature below e of the business, no |

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APPLICANT SIGNATURE

DATE

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