



EMPLOYMENT APPLICATION for HOME CARE WORKER

Personal Information	
Name	First _____ Middle Initial _____ Last: _____
Address	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
Phone	Home: _____ Cell: _____ Other: _____
Electronic	Email Address: _____
Date of Birth	Day: _____ Month: _____ Year: _____
SIN	Social Insurance Number: _____
Gender	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Language	What languages do you speak? _____ _____
Emergency Contact	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
Education	
Formal	Diploma: _____ Certificate: _____ exp. date: _____ Degree: _____ License: _____ exp. date: _____ Other: _____



Informal	Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ <div style="text-align: right;"><i>(Specify)</i></div> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
Restrictions	
Work Limitations	List any work limitations that you may have and briefly describe: Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Lifting: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Health: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Physical: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Emotional: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Other: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Availability for Work	
Hours & Days Available for Work	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short-notice <input type="checkbox"/> Split Shift Indicate Days and List Hours Available for Work: <input type="checkbox"/> Sunday: From: _____ To: _____ <input type="checkbox"/> Monday: From: _____ To: _____ <input type="checkbox"/> Tuesday: From: _____ To: _____ <input type="checkbox"/> Wednesday: From: _____ To: _____ <input type="checkbox"/> Thursday: From: _____ To: _____ <input type="checkbox"/> Friday: From: _____ To: _____ <input type="checkbox"/> Saturday: From: _____ To: _____ What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day? _____
Type of Work Seeking	
Type of Position(s) Preferred	<input type="checkbox"/> Personal Care <input type="checkbox"/> Companion/Sitter <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
Assignment Location	Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
Transportation	
Type	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>



Driver's License	Do you have a valid Driver's License?: _____ (provide copy)
Transporting Clients	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____
Abuse Investigation	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Work History (5 years)	
Work Reference #1	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Dates of Employment: _____ Reason for Leaving: _____ May we check this reference _____
Work Reference #2	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Dates of Employment: _____ Reason for Leaving: _____ May we check this reference _____
Work Reference #3	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Dates of Employment: _____ Reason for Leaving: _____ May we check this reference _____

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Work Reference #4	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Dates of Employment: _____ Reason for Leaving: _____ May we check this reference _____
Work Reference #5	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Dates of Employment: _____ Reason for Leaving: _____ May we check this reference _____

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to YourHome Senior Care, LLC. and I hereby release and discharge any of the above and YourHome Senior Care, LLC. from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check and authorize/consent to back ground check and substance abuse testing.

If further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Applicant's Signature

Date