

Employment Application

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us. 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. Application will be valid for 60 days.

Personal Information

Name				
	Last	First	Middle Initial	
Current Address				
	Street	City	State	Zip Code
Previous Address				
(If less than 3 yrs at current)	Street	City	State	Zip Code
DOB	Cell Phone	Home Phone	Email	
Social Security #	Valid Driver's License	State Issued	Exp. Date	

AVAILABILITY: Due to the nature of the business, no guarantee can be made as to the schedule or the numbers of hours worked. What date are you available to begin work?

Please check all that apply

I am available to work these days.	I am available to work these shifts	I am available to work
Sunday	4 hours	Mornings
Monday	8 hours	Afternoons
Tuesday	12 hours	Evenings
Wednesday	Over-night	Nights
Thursday	Fri-Mon live-in	Weekdays only
Friday	Live-in	Weekends only
Saturday		

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

New Haven County **Hartford County** **Fairfield County** **New London County**

Positions

After reviewing the jobs descriptions please check the types of services which you are willing to provide:

PCA/CNA	ABI – RA Acquired Brain injury	Dementia/Alzheimer’s Care
HHA/Companion	ABH- RA Mental health	Errands/Shopping/Transportation
Homemaker/Companion	ILST – Independent Living Skills	Chores CSP ***

*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 Dogs Cats

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

JOB RELATED SKILLS

Describe any training, job experiences or life skills you have that make you a great candidate to work in home care. What makes you the ideal person for us to hire? Tell us about an event that made you shine as a care provider. Tell us about a lesson you learned when caring for someone.

EDUCATION

High School	City, State	Major/Subject	#Yrs Attended	Yr. Graduated
Vocational School	City, State	Major/Subject	#Yrs Attended	Yr. Graduated
College	City, State	Major/Subject	#Yrs Attended	Yr. Graduated

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**

1. Company Name	City /State	Job Title	Duties
Dates Employed		Supervisor's Name	Contact Information
\$			
Salary	(Per Hour, Week, Month)	Reason for Leaving	

2. Company Name	City /State	Job Title and Duties	
Dates Employed		Supervisor's Name	Contact Information
\$			
Salary	(Per Hour, Week, Month)	Reason for Leaving	

3. Company Name	City /State	Job Title	Duties
Dates Employed		Supervisor's Name	Contact Information
\$			
Salary	(Per Hour, Week, Month)	Reason for Leaving	

SECURITY

Are you at least 18 years of age? **Yes**

List states *and* countries of residence for the past seven years

Are you a legal resident of the United States and have the ability to work here? **Yes**

Do you have the I9 forms of identification required Federal Government? **Yes**
(Please review online what are required)

REFERENCES (Do not include relatives) Please complete all two professional references. Your application will not be considered unless two references are provided. Since we will contact these references, please notify them in advance. If we are unable to both, you will be asked to provide an additional reference.

Full Name	Contact information (phone or email)	Relationship	Years Known
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Full Name	Contact information (phone or email)	Relationship	Years Known
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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. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between *the* and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. 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.

CHECK HERE THAT YOU HAVE READ AND UNDERSTOOD THE ABOVE STATEMENT.

I have read the job descriptions available on the website and am able to perform the duties which you are applying with or without a reasonable accommodation.

Full Name of Applicant

DATE

Submitting your application if you are using a computer that does not have ADOBE Reader: Complete the application then select print, change to save as PDF and CHANGE the name of the file to YOUR LAST NAME before saving it as a pdf on your device. Attach it to an email that you will send to Konedutrainig@gmail.com. Put your last name in Subject line.