



Specialty Home Care Application Form

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, gender, religion, disability, medical condition, national origin, or marital status. Work is scheduled based on client needs and employee availability, with no guarantee of full time employment. Benefits are not guaranteed and are currently limited to a 401(k) retirement plan with voluntary employee contributions and an employer match. Employees may work for other employers, but shift assignments are usually recurring and preference is given to those who commit to regular assignments. We are an AT-Will employer under Pennsylvania law and the employment relationship may be terminated at any time for any reason, with or without cause or notice.

An application is incomplete if any required item is omitted. Completion of all applicable items is strongly recommended. Employment information should be included even if you have supplied a resume. PLEASE NOTE THAT THIS APPLICATION IS NOT COMPATIBLE WITH SOME MOBILE BROWSERS AND YOU MAY ENCOUNTER PROBLEMS COMPLETING THE APPLICATION ON YOUR MOBILE DEVICE. USE OF A COMPUTER IS RECOMMENDED.

Personal Information

First Name *	<input type="text"/>	Address 1 *	<input type="text"/>
Last Name *	<input type="text"/>	Address 2	<input type="text"/>
Home Phone *	<input type="text"/>	City *	<input type="text"/>
Work Phone	<input type="text"/>	State	<input type="text" value="Pennsylvania"/>
Mobile Phone	<input type="text"/>	Zip *	<input type="text"/>
Email *	<input type="text"/>	Driver's License Number	<input type="text"/>
			<input type="text" value="PA"/>

Section 1 - General Information

How did you hear about us? (required)

Date Available? (required)

Job Type? (required)

Do you have a valid driver's license? (required) ☐ Yes ☐ No

If yes, please enter State and DL # above, and expiration date here:

Has your license ever been suspended or revoked? (required) ☐ Yes ☐ No

If yes, please explain

Do you have proof of personal auto insurance? (required) ☐ Yes ☐ No

If yes, please give ins. expiration date; if no, please explain:

B *I* A More...

[Show Plain Text](#)

Please list any moving violations in the past three years, with date, location and explanation

B *I* A More...

[Show Plain Text](#)

Have you lived continuously in PA for the last two years? (required) ☐ Yes ☐ No

If #11 is no, do you have an FBI background check report? ☐ Yes ☐ No

If #11 is yes, do you have a PA criminal history report less than 12 months old ☐ Yes ☐ No

Do you have results from a TB test or x-ray given in the past 12 months? (required) ☐ Yes ☐ No

Section 2 - Employment Verification

Are you a U.S. citizen? (required) ☐ Yes ☐ No

If you are not a U.S. citizen, please indicate VISA type and number.

Are you authorized to work in the U.S.? (required)

Section 3 - Education

Name and location of High School: (required)

of years completed
(Numeric Answer Only)

Did you graduate? (required) ☐ Yes ☐ No

Additional Education (vocational, undergraduate, graduate or professional, etc.)

If yes, please list the name and location of each school, number of years attended and whether you graduated:

B *I* A More...

[Show Plain Text](#)

Section 4 - Other Training: Certifications/Licenses

Certifications/Licenses:

B *I* A More...

[Show Plain Text](#)

Have you had any Home Care training? What and When?

B *I* A More...

[Show Plain Text](#)

Section 5 - Current or most recent Employment

Current (or most recent) Employer: (required)

Address:

City:

State:

Zip Code:

Start Date: (required)

End Date:

Hours Worked: -- Select an Option --

Position/Title: (required)

Describe Your Responsibilities:

Show Plain Text

Supervisor's Name/Title:

Supervisor's Phone:

Starting pay

Ending pay

Were you ever disciplined? If so, please explain:

Show Plain Text

May we contact? ☐ Yes ☐ No

If no, why not:

Section 6 - Employment History

Last Employer:

Address:

City:

State:

Zip Code:

Start Date:

End Date:

Hours Worked: -- Select an Option --

Position/Title:

Describe Your Responsibilities:

Show Plain Text

Supervisor's Name/Title:

Supervisor's Phone:

Starting pay

Ending pay

Reason for Leaving:

Show Plain Text

What will your employer say was the reason your employment terminated?

Show Plain Text

How much notice did you give if you resigned?

May we contact? ☐ Yes ☐ No

If no, why not:

If you have had other employers in the past ten years, provide the same information requested in items 1-19 for each:

Show Plain Text

Section 7 - Other Employment Questions

Have you ever been terminated or asked to resign from any job? (required)

☐ Yes ☐ No

If yes, how many times?

(Numeric Answer Only)

If yes, please explain the circumstances of each occasion:

B *I* A ▾ ☰ ☷ More...

Show Plain Text

Section 8 - Reference 1 (Employer or unrelated individual)

Name: (required)

Phone: (required)

Relationship

Section 9 - Reference 2 (Employer or unrelated individual)

Name: (required)

Phone: (required)

Relationship

Section 10 - Work Availability (Note: work periods vary)

Monday availability (indicate times) (required)

Tuesday availability (indicate times) (required)

Wednesday availability (indicate times) (required)

Thursday availability (indicate times) (required)

Friday availability (indicate times) (required)

Saturday availability (indicate times) (required)

Sunday availability (indicate times) (required)

Interested in Overnights? (typically 9pm - 7am) (required)

☐ Yes ☐ No

Please give additional details about your availability if needed

B *I* A ▾ ☰ ☷ More...

Show Plain Text

Section 11 - Emergency Contact Information

First Name: (required)

Last Name: (required)

Address:

City:

State:

Zip Code:

Phone 1: (required)

Phone 2:

Relationship: (required)

I certify that information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any point in the future if I am hired. I authorize the verification of any or all information listed above. I authorize and consent to, without reservation, any background check, driving record check or any other review permitted or required by federal, state and/or local law, and to complete any requisite authorization forms which may be necessary for this purpose. I authorize and consent to any party or agency contacted by this employer to furnish the above information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state and local law, any party delivering such information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the Company to provide truthful information concerning my employment to future employers and hold the Company harmless for providing it. I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

☐ I'm not a robot



Submit Application