



In Your 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, sex, 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 STRONGLY RECOMMENDED.*

Personal Information

First Name *

Last Name *

Social Security Number

Home Phone *

Work Phone

Mobile Phone

Email *

Address 1 *

Address 2

City *

State

Pennsylvania ▼

Zip *

Driver's License Number

PA ▼


Section 1 - General Information

How did you hear about us? (required)

B *I* A ▼ ☰ ☷ More...

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When are you available to begin work? (required)

How many hours per week do you wish to work? (required)

-- Select an Option -- ▼

Please select the type of work you would prefer (required)

-- Select an Option -- ▼

Please indicate the days and times that you are available to work: (required)

B *I* A ▼ ☰ ☷ More...

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Please give additional details about your availability, if needed:

B *I* A ▼ ☰ ☷ More...

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Section 2 - Personal Information

Do you have a driver's license? (required)

☐ Yes ☐ No

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 us insurance expiration date

If NO, Please explain:

Please list any moving violations in the past 3 years, with date, location and explanation

B	<i>I</i>	<u>A</u> ▼	☰	☰	More...
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Have you lived continuously in PA for the last 2 years? (required)

☐ Yes ☐ No

If YES, Do you have a PA state police background check less than 12 months old?

☐ Yes ☐ No

If NO, Do you have a FBI background check?

☐ Yes ☐ No

Do you have results from a TB Test or chest x-ray given in the past 12 months? (required)

☐ Yes ☐ No

Section 3 - Emergency Contact Information

First and Last Name: (required)

Address (Street, City, State, Zip Code)

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...
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Phone Number 1: (required)

Phone Number 2:

Relationship to you: (required)

Section 4 - Employment Verification

Are you a U.S. Citizen? (required)

☐ Yes ☐ No

If NO, Please indicate Visa type and number:

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

-- Select an Option -- ▼

Section 5 - Education

Name and Location of High School (required)

Did you graduate? (required)

☐ Yes ☐ No

Year Graduated



Additional Education (Vocational, Undergraduate, Graduate or Professional)

☐ Yes ☐ No

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

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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Section 6 - Other Training: Certifications/Licenses

Do you have a CNA Certification?

☐ Yes ☐ No

Effective Date



Expiration Date



If Yes, State of Issue and Registration Number?

Do you have any other Certifications? (ex. CPR)

☐ Yes ☐ No

If Yes, Please List Certification:

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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Please describe any Home Care Training you have had and when?

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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Section 7 - Current or Most Recent Employment

Current (or most recent) Employer (required)

Address (Street, City, State, Zip Code)

B	<i>I</i>	<u>A</u> ▼	☰	☰ 1 2 3	More...
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Start Date (required)

End Date

Hours Worked

-- Select an Option -- ▼

Position/Title: (required)

Type of work you performed:

B	<i>I</i>	<u>A</u> ▼	☰	☰ 1 2 3	More...
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Supervisor's Name and Title:

Supervisor's Phone Number:

Starting Pay:

Ending Pay:

Were you ever disciplined? If YES, Please explain:

B	<i>I</i>	<u>A</u> ▼	☰	☰ 1 2 3	More...

[Show Plain Text](#)

May we contact this employer?

☐ Yes ☐ No

If NO, why not:

B	<i>I</i>	<u>A</u> ▼	☰	☰ 1 2 3	More...

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Section 8 - **Employment History**

Previous Employer

--

Address (Street, City, State, Zip Code)

B	<i>I</i>	<u>A</u> ▼	☰	☰ 1 2 3	More...

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Start Date

	
--	---

End Date

	
--	---

Hours Worked:

-- Select an Option --	▼
------------------------	---

Position/Title:

--

Type of work you performed:

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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Supervisor's Name and Title:

--

Supervisor's Phone Number:

--

Starting Pay:

--

End Pay:

--

Reason for Leaving:

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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How much notice did you give if you resigned?

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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May we contact this employer?

☐ Yes ☐ No

If NO, why not:

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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If you had any other employers in the past 10 years, please provide the same information request in items 1-16 for each:

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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Section 9 - Other Employment Questions

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

☐ Yes ☐ No

If YES, How many times? Please describe the circumstances of each occasion:

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...

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Section 10 - Reference 1 (Employer or Unrelated Individual)

Name: (required)

Phone Number: (required)

Relationship to you:

Occupation of individual:

Section 11 - Reference 2 (Employer or Unrelated Individual)

Name: (required)

Phone Number: (required)

Relationship to you:

Occupation of individual:

Section 12 - Job Related Skills

Describe any training or life experiences that you have had that apply to care of the elderly. (required)

B	<i>I</i>	<u>A</u> ▼	☰	☷	More...
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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 if 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

interest statement.



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