

APPLICATION FOR EMPLOYMENT



Please answer all questions. Resumes are not a substitute for a completed application

We are an equal opportunity employer. Applicants are considered for positions with our regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state or local laws.

This company is an at-will employer as allowed by applicable law. This means that regardless of any provisions in this application, if hired, the company or I may terminate the employee relationship at any time, for any reason, with or without cause or notice.

Position Applying For: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell: _____

Email Address: _____

Do you have a Smartphone (iPhone/Android)? YES / NO

Driver's License #: _____

Are you on the Home Care Aide Registry? YES / NO

If under the age of 18:

Can you produce a necessary work certificate at the time of employment? YES / NO

Type of employment desired? Full-time / Part-time

Are you eligible to work in the U.S.? YES / NO

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

List all special technical skills that you feel qualify you for the job for which you are applying:

Education:

	School Name and Location	Course of Study	Graduated?	Years	Degree/Major
High School/GED					
College					
Bus./ Tech./ Trade or Post College					

Work Experience:

Please list the names of your present and / or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer 1: _____

Type of Business: _____

Supervisor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Dates of Employment: From / / To / /

Job Title: _____

Duties: _____

May we contact this employer? YES / NO If no, why not? _____

Reason for Leaving: _____

How much notice did you give when resigning? If none, explain.

Employer 2: _____

Type of Business: _____

Supervisor's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Email: _____

Dates of Employment: From / / To / /

Job Title: _____

Duties: _____

May we contact this employer? YES / NO If no, why not? _____

Reason for Leaving: _____

How much notice did you give when resigning? If none, explain.

References

*Please list the names of additional WORK-RELATED references we may contact.
Individuals with no prior work experience may list school or volunteer-related references.*

NAME	COMPANY	EMAIL	TELEPHONE	YEARS KNOWN

Please list the names of PERSONAL references (not previous employers or relatives) who know you well that we may contact.

NAME	OCCUPATION	EMAIL	TELEPHONE	YEARS KNOWN

Ethnicity Identification

For EEO purposes (optional). This is for annual required agency reporting purposes only, does not affect application or hiring process.

____ American Indian ____ Asian ____ Black ____ Hispanic ____ Native Hawaiian/Pacific Islander
____ White ____ Two or More Races ____ Other ____ Decline to answer

Work Experience

Please check all boxes that apply to your experience and comfort

General

- ☐ Dementia Experience, how many Years_____
- ☐ Hospice Experience, how many Years_____
- ☐ Given Medication to clients/patients
- ☐ Given Morphine to clients/patients
- ☐ Changed clients/patient in bed
- ☐ Incontinence Experience
- ☐ Colonoscopy bags
- ☐ Oxygen tanks/checks
- ☐ Body Mechanics Knowledge (proper transfer)
- ☐ Universal Precautions (gloves/masks)
- ☐ Transporting clients
- ☐ Insured Automobile
- ☐ OK with Client Smoking

- ☐ OK with Female Client
- ☐ OK with Male Client
- ☐ OK with Cats
- ☐ OK with Dogs

Certifications

- ☐ Background Cleared within last 2 years
- ☐ CNA License
- ☐ Tuberculosis Test done within past 90 days
- ☐ Flu Shot current

Transfers

- ☐ Gait Belt Experience
- ☐ Hoyer Lift Experience

Please sign below stating these Work Experiences are accurate:

Sign Here: _____

Caregiver Questionnaire

This page for caregivers only, if applying for another position you can skip this page.

CFTH is a home care agency, not a facility where the role of the Care Provider is to take care of patients one-on-one in the patient's home or possibly at a facility.

Do you have a valid Driver's License? YES / NO

Do you have reliable transportation (your own car)? YES / NO

Do you have a permit to work in the US? YES / NO

Can you pass fingerprint clearance? YES / NO

Are you able to work Weekends? YES / NO

If so which day(s)? _____

Are you comfortable with getting a flu Vaccine? YES / NO

It is not a requirement, however if declined you may need to wear masks in some locations.

Do you have any Caregiving experience? YES / NO

For how many years? _____

Do you understand and accept that you will be earning anywhere from \$12, \$13, \$14? YES / NO

Are you comfortable with body fluids(vomit/diarrhea) YES / NO

Are you comfortable with cleaning male/female body private area of client? YES / NO

Are you comfortable helping an adult (male or female) use the bathroom? YES / NO

Do you understand this is a smoke free environment? YES / NO

Are you able to do a heavy transfer? YES / NO

If yes, how many pounds _____

Do you understand you must keep your starting shift given for a minimum of 3 months before asking for a shift change? This is required for employment as we need consistency to our clients. YES / NO

Where did you hear about Care from the Heart? _____

Do you have any questions for us?

Applicant Certification

Please read and sign at bottom.

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desk and computers) and in certain circumstances, my personal property.

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, as well as an agreement to arbitrate.

I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

This company is an at-will employer as allowed by applicable law. This means that regardless of any provisions in this application, if hired, the company or I may terminate the employee relationship at any time, for any reason, with or without cause or notice.

Nothing in this application or in any document or statement, written or oral, shall limit the right to terminate employment at will. No officer, employee or representative of the company is authorized to enter into an agreement - express or implied - with me or any applicant for employment for a specified period of time unless such an agreement is in a written contract signed by the president of the company.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state, or local law.

I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent

permitted by federal, state, and local law, any party delivering 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 above 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.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

This application will be considered active for a maximum of sixty (60) days. If you wish to be considered for employment after that time, you must reapply.

I certify that all of the information that I have provided on this application is true and accurate.

Name (printed): _____

Signature: _____ Date: _____