



1st Choice Dependable Care, LLC
 2086 Jodeco Road
 McDonough, GA 30253
 info@1stchoicedependablecare.com

HOME HEALTH CARE EMPLOYMENT APPLICATION

Position Applying For

CNA PCA HHA Caregiver Other:

Date:

Applicant Information

Full Name:		DOB:	SS #	
Property Address:		City:	State:	Zip:
Phone #	Alternate #	Email Address:		
Driver's License #		Driver's License State:		
Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Have you ever been convicted of a felony? Yes No If yes, explain:

Position Availability

Employment Desired: Full-Time Part-Time PRN Temporary

Date Available to Start:

Days Available	Day	Available	Day	Available	Shift Availability	
	Monday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Days	<input type="checkbox"/> Evenings
	Tuesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Saturday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Nights	<input type="checkbox"/> Weekends
	Wednesday	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sunday	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Live-In	
	Thursday	<input type="checkbox"/> Yes <input type="checkbox"/> No				

Education

High School Name:

Did you Graduate? Yes No

College/Technical School:

Degree/Certification:

Certifications & Licenses

CNA License CPR Certification First Aid Certification RN Nurse Practitioner
 PCA Certification HHA Certification

License/Certification #

Expiration Date:

State Issued:

Work Experience

Company Name:

Supervisor Name:

Address:

Phone #

Position Held:

Dates Employed From:

To:

Reason for Leaving:



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Work Experience (Contd...)

Duties Performed:

Employer #2

Company Name:

Supervisor Name:

Address:

Phone #

Position Held:

Dates Employed From:

To:

Reason for Leaving:

Duties Performed:

Professional References

Reference #1

Name: _____

Relationship: _____

Company: _____

Phone # _____

Reference #2

Name: _____

Relationship: _____

Company: _____

Phone # _____

Background Check Consent

I understand that employment with 1st Choice Dependable Care, LLC may be contingent upon the results of a criminal background investigation, drug screening, driving record check, and verification of references and credentials.

I authorize 1st Choice Dependable Care, LLC to conduct all necessary background investigations for employment purposes.

X

Applicant Signature

Date

Background Check Consent

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification from employment or termination if hired.

I understand that completion of this application does not guarantee employment.

X

Applicant Signature

Date

Office Use Only

Interview Date:

Interviewer:

Approved

Denied

Notes