Tenderhand
HOME CARE LLC
Care with compassion and Christ's love

EMPLOYEE APPLICATION FORM

2255 Crain Hwy., Suite 204, Office 2-11
Waldorf, MD 20601

301-609-2014 | 240-714-9906

Email Us:
Info@tenderhandhomecare.com
tenderhand2024@yahoo.com

Tender Hand Home Care Services LLC

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Personal Data54

Today's Date:

Last Name First Name

Soc. Sec. No. Home Phone # Date of Birth

Street Address

City County State Zip Country

Cell Phone # Previous Street Address

City County State Zip Country

Best Time to Call Name of Emergency Contact

Relation Emergency Phone No.

Job Information

Position (Job Class) Applying for: ☐ HHA ☐ LPN ☐ RN Other Date Available to Work:

Work Experience/Skill

Please List the number of years you have experience in each area (minimum 1 yr exp.) and are clinically competent to work:

Burn		ENT		Pediatrics		Detox/Drug Rehab	
L & D		Rehab		Telemetry		Post Partum	
NICU		Nursery		Psychiatry		Orthopedics	
CCU		Med/Surg		Open Heart		Emergency Room	

Other Specialty:

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Type of Work Desired: Check all that apply

☐ Homecare Nursing ☐ Nursing Home ☐ Assisted Living Other: _____

Language Skills: Other than English, please check any other language you speak:

☐ Spanish ☐ French ☐ German Other: _____

Check the days of the week you are available to work:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Check the shift(s) you prefer below:

☐ 7AM-3PM ☐ 3PM-11PM ☐ 11PM-7AM ☐ 7AM-7PM ☐ 7PM-7AM ☐ Other

Education and Training: (Please list all schools attended, beginning with High Schools, then list all Colleges, Vocational/Military Service Schools).

High School Name _____ Street Address _____

City _____ State _____ Zip _____ Country _____ Grade Completed _____

College/Vocational School _____ Street Address _____

City _____ State _____ Zip _____ Country _____

Major Emphasis _____ Degree Completed ◯ Yes ◯ No Level and type _____

Graduate School Name _____ Street Address _____

City _____ State _____ Zip _____ Country _____

Major Emphasis _____ Degree Completed ◯ Yes ◯ No Level and type _____

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License/Certification:

License Type _____ License/Certification No. _____

Issuing Authority/ Board _____ Expiration _____

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Has your Professional License ever been suspended, revoked or under investigation? ◯ Yes ◯ No

If Yes, please explain:

_____

Applicant's Malpractice Insurance: Malpractice Insurance Policy # _____ (Where Applicable)

NAME: _____

ADDRESS: _____

Certifications: Check all applicable certifications and enter expiration date

ACLS _____ Exp. Date _____ Other _____ Exp. Date _____

BCLS _____ Exp. Date _____ I V _____ Exp. Date _____

CPR _____ Exp. Date _____ NALS _____ Exp. Date _____

PALS _____ Exp. Date _____ AANA _____ Exp. Date _____

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Work Experience: List all of your work experience beginning with your most recent job. You will be asked to explain all gaps in employment. Attach additional sheet(s) if necessary.

Facility/Employer Name

Company Street Address

City State Zip Country

Number of beds in Unit: In Hospital:

Describe Duties and Specialty Areas:

Pay Rate/Salary: ☐ Yearly ☐ Hourly $

Reason for leaving:

Are your employment records listed under another name? ◯ No ◯ Yes

If yes, what name?

Dates Employed

From: Mo Yr To: Mo Yr

Title

Unit

Name of Current Immediate Supervisor

Telephone Number (include country code if outside U.S.)

May we Contact? ◯ Yes ◯ No – If no, why not?

If this was a travel assignment, name of agency:

Charge Experience: ◯ Yes ◯ No How Often?

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Please list any other work-related information you think would be helpful to us in considering you for employment, such as specialized training, certifications, additional work experience, etc.

References (please list three individuals with whom you have worked who were in a position to evaluate your performance)

Name Title

Street Address

City State Zip

Telephone No.

Name Title

Street Address

City State Zip

Telephone No.

Name Title

Street Address

City State Zip

Telephone No.

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Additional Information

1. Are you legally authorized to work in the U.S.? ◯ **Yes** ◯ **No**

(Should you become employed by Tender Hand Home Care Services LLC, you will be required to provide the documentation proving your eligibility to work in the U.S.).

2. Have you ever been convicted of a felony or misdemeanor crime? ◯ **Yes** ◯ **No**

3. I _____ **hereby authorize Tender Hand Home Care Services LLC to request and receive from all prior employers within One year of the date of this application, and all pertinent information concerning my prior employment and its termination, including the reason for such termination.**

_____ _____

SIGNATURE **DATE**

*****PLEASE BE SURE TO READ AND SIGN THE ACKNOWLEDGEMENT ON THE NEXT PAGE OF THIS APPLICATION*****

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NOTICE/AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES/INVESTIGATIVE CONSUMER REPORT

In connection with my application for employment with Tender Hand Home Care Services LLC I authorize the agency or its agents to procure a consumer report and/or investigative consumer report about my background, character or reputation, including, but not limited to, information as to my employment, education, consumer credit history (consumer credit history will only be verified if appropriate for certain job descriptions), driving record, social security number verification, criminal record and/or other public records history. I authorize all persons to fully disclose information relevant to this investigation. I release from liability all persons, companies and governmental or other agencies disclosing such information. I further authorize that a photocopy of this authorization may be considered as an original.

I HAVE READ, UNDERSTAND AND AUTHORIZE, ANY PERSON, AGENCY OR OTHER ENTITY CONTACTED BY THE AGENCY OR ITS AGENCY TO FURNISH THE ABOVE-MENTIONED INFORMATION. THIS FORM WILL NOT BE ACCEPTED IF ALTERTED, ILLEGIBLE OR INCOMPLETE.

SIGNATURE	DRIVER LICENSE #	STATE

TYPE OR PRINT NAME

Last Name	First Name	Middle Initial

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OTHER NAMES USED

(alias, maiden, nickname)	**Years Used**

CURRENT ADDRESS

CITY	**STATE**	**ZIP**	**COUNTY OF RESIDENCE**

WITNESS

DATE

Submit