



# EMPLOYMENT APPLICATION

Please attach resume to application

\_\_\_\_\_ Date

\_\_\_\_\_ Last name First Middle

\_\_\_\_\_ Present Street Address City State Zip

\_\_\_\_\_ Phone# Home Cell email address

List any other name you have used other than the one above: \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

## **EMPLOYMENT HISTORY** (start with most recent)

Company Name: \_\_\_\_\_ Dates: From - \_\_\_\_\_ To - \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_ Pay rate - \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates: From - \_\_\_\_\_ To - \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_ Pay rate - \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Dates: From - \_\_\_\_\_ To - \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_ Pay rate - \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## **EDUCATION**

School	Location	Major	Graduate?	Year
			___ Y ___ N	
			___ Y ___ N	
			___ Y ___ N	

**AVAILABILITY**

What employment you are looking for? **FT / PT / Weekends / Days / Evenings / Overnight / Live-in**

Do you need 40 hrs/wk? **Y / N** Number of hours per week you would like to work: \_\_\_\_\_

Days you are available to work: (circle) **M T W TH F SA SU** Do you need health insurance? **Y / N**

Are you attending school? **Y / N** If yes, when are your classes? \_\_\_\_\_

Do you have any disabilities that may limit your ability to perform the work for which you are applying? **Y / N**

Describe: \_\_\_\_\_

Can you work around the following? Dogs / **N** Cats **Y / N** Dust **Y / N** Tobacco Smoke **Y / N**

Date you can start: \_\_\_\_\_ Wage Expected: \_\_\_\_\_ Are you 18 or older? **Y / N**

Have you ever been arrested? **Y / N** If yes, when? \_\_\_\_\_ For what? \_\_\_\_\_

Have you ever been convicted (found Guilty) of a crime other than minor traffic violations? **Y / N**

If yes, when? \_\_\_\_\_ For what? \_\_\_\_\_

Why should you be considered for a position with Valley of the Sun Homecare?

\_\_\_\_\_  
 \_\_\_\_\_

**CAREGIVER EXPERIENCE**

Are you a certified caregiver **Y / N**? CNA **Y / N**? If yes, where/when did you complete? \_\_\_\_\_

How much caregiving experience do you have? Less than 6 mos 6 mos – 1 yr 1 – 3 yrs 3 – 5 yrs 5 – 10 yrs 10+ yrs

Are you bilingual? **Y / N** Language(s) \_\_\_\_\_

Will you work in a situation where much of the work is housekeeping? **Y / N**

**INDICATE YOUR LEVEL OF EXPERIENCE WITH THE FOLLOWING (0 = none, 4 = extensive):**

Companionship	<b>0 1 2 3 4</b>	Vacuuming	<b>0 1 2 3 4</b>	Laundry	<b>0 1 2 3 4</b>
Bath/stand-by assist	<b>0 1 2 3 4</b>	Dusting	<b>0 1 2 3 4</b>	Grocery Shopping	<b>0 1 2 3 4</b>
Bathing/Full assists	<b>0 1 2 3 4</b>	Grooming	<b>0 1 2 3 4</b>	Pet Care	<b>0 1 2 3 4</b>
Medication reminders	<b>0 1 2 3 4</b>	Incontinence	<b>0 1 2 3 4</b>	Incontinence full assist	<b>0 1 2 3 4</b>
Blood pressure check	<b>0 1 2 3 4</b>	Hoyer Lift	<b>0 1 2 3 4</b>	Housekeeping	<b>0 1 2 3 4</b>
Drive clients	<b>0 1 2 3 4</b>	Prepare meals	<b>0 1 2 3 4</b>	Cooking Ability (1 low)	<b>0 1 2 3 4</b>
Empty catheter bag	<b>0 1 2 3 4</b>	Diabetes	<b>0 1 2 3 4</b>	Paraplegic	<b>0 1 2 3 4</b>
Parkinson's	<b>0 1 2 3 4</b>	ALS	<b>0 1 2 3 4</b>	Quadriplegic	<b>0 1 2 3 4</b>
Client on oxygen	<b>0 1 2 3 4</b>	Stroke	<b>0 1 2 3 4</b>	Dementia/Alzheimer's	<b>0 1 2 3 4</b>
Transfer assists	<b>Y / N</b>	<b>Minimum / Moderate / Maximum</b>			
Lifting (circle one)	<b>No-Lifting</b>	<b>25 lbs. or less</b>	<b>25-50 lbs.</b>	<b>50-75 lbs.</b>	<b>75 lbs. +</b>

**TRANSPORTATION**

Many caregiver positions require the caregiver to transport a client.

Do you have a current driver’s license? **Y / N**

Do you have a reliable vehicle? **Y / N**

Driver’s License #: \_\_\_\_\_

Year/Make/Model of Car \_\_\_\_\_

**PROFESSIONAL REFERENCES ONLY**

Reference’s Name: \_\_\_\_\_ # of years known \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/Client worked for: \_\_\_\_\_

Reference’s Name: \_\_\_\_\_ # of years known \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/Client worked for: \_\_\_\_\_

Reference’s Name: \_\_\_\_\_ # of years known \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Company/Client worked for: \_\_\_\_\_

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I certify that the answers given herein are true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application. I understand that my continued employment will depend upon the successful completion of work assigned to me during a new hire period of up to ninety (90) days and upon my continued successful performance.

I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time, with or without cause and with or without notice, at the option of either the company or myself.

I understand that no supervisor, manager, or other representative of the company has any authority to enter into an express or implied contract for employment for any specific period of time. Any agreement contract to the above must be in writing and expressly state that is a contract and be signed by the authorized representative of the company.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment for certain positions is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy. All employees are subject to a social security number trace, as well as a felony/misdemeanor conviction search.

I understand and do authorize Valley of the Sun Homecare to perform the following screenings and checks. I understand the following need to be completed before being employed.

- › Drug screening
- › Professional License check
- › Auto insurance check
- › Criminal Background check
- › Driver’s License check
- › TB test

I have read, understand and agree to all of the above statements.

Applicant’s signature: \_\_\_\_\_ Date: \_\_\_\_\_