



# First Choice Home Care

## Application for Employment

PERSONAL DATA			Today's Date
Name, Last	First	Middle	
Soc. Sec. #	Telephone #	E-mail address	
Street Address	City	State	Zip
In case of emergency, notify:	Telephone #	Relationship	

EDUCATION			
Date	School, Location	Degree/Diploma	Course of Study
Date	School, Location	Degree/Diploma	Course of Study

SPECIAL LICENSES OR CERTIFICATIONS			
CNA Certification	Certification No.	State	Expiration Date
Other Certification	Certification No.	State	Expiration Date
CPR Certified	Med Assist Certified		
<input type="checkbox"/> yes <input type="checkbox"/> no   Expiration date _____	<input type="checkbox"/> yes <input type="checkbox"/> no		

GENERAL INFORMATION			
Are you at least 18 years of age?	<input type="checkbox"/> yes <input type="checkbox"/> no	Are you legally authorized to work in the US?	<input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been convicted of a felony?	<input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please state the basis and date of the conviction: _____			
In the last three years have you submitted a criminal background check with fingerprinting through Health & Welfare?			
<input type="checkbox"/> yes <input type="checkbox"/> no	If yes, list your birthdate so we may transfer your eligibility _____		
Do you have a valid drivers license?	<input type="checkbox"/> yes <input type="checkbox"/> no		
If hired, do you have reliable means of transportation to and from work?	<input type="checkbox"/> yes <input type="checkbox"/> no		
Are you able to perform the essential functions of the job without restrictions?	<input type="checkbox"/> yes <input type="checkbox"/> no		
If no, describe the functions that can not be performed: _____			
Do you have any allergies that would affect your work?	<input type="checkbox"/> yes <input type="checkbox"/> no	If yes please list: _____	
Can you work around cigarette smoke?	<input type="checkbox"/> yes <input type="checkbox"/> no		



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**WORK EXPERIENCE - Please complete all appropriate items, even if you have already provided us with a resume.**

Company Name (Begin with most recent employment) Employment Dates  
From M/Y \_\_\_\_\_ To M/Y \_\_\_\_\_

Company Address Hourly pay \$ \_\_\_\_\_

Describe your most recent job duties and responsibilities:

Name of Supervisor Telephone # May we contact?  
If not, why? \_\_\_\_\_

Reason for leaving

Company Name Employment Dates  
From M/Y \_\_\_\_\_ To M/Y \_\_\_\_\_

Company Address Hourly pay \$ \_\_\_\_\_

Describe your most recent job duties and responsibilities:

Name of Supervisor Telephone # May we contact?  
If not, why? \_\_\_\_\_

Reason for leaving

Company Name Employment Dates  
From M/Y \_\_\_\_\_ To M/Y \_\_\_\_\_

Company Address Hourly pay \$ \_\_\_\_\_

Describe your most recent job duties and responsibilities:

Name of Supervisor Telephone # May we contact?  
If not, why? \_\_\_\_\_

Reason for leaving

Please list any other work related information you think would be helpful to us in considering you for employment, such as foreign language competency, additional work experience, volunteer work, activities, accomplishments, etc.

**REFERENCES - Please list two individuals with whom you have worked who were in a position to evaluate your performance.**

Name Company Telephone #

Name Company Telephone #



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### EMPLOYEE AVAILABILITY

How many hours are you willing to work per week? \_\_\_\_\_

Please check (X) the day and time of week you ARE AVAILABLE

	SUN	MON	TUE	WED	THUR	FRI	SAT
6:00 AM							
7:00 AM							
8:00 AM							
9:00 AM							
10:00 AM							
11:00 AM							
12:00 PM							
1:00 PM							
2:00 PM							
3:00 PM							
4:00 PM							
5:00 PM							
6:00 PM							
7:00 PM							
8:00 PM							
9:00 PM							
10:00 PM							

Please read carefully, initial each paragraph and sign below.

\_\_\_\_\_ I hereby certify that the information given by me to the above questions and statements are true and correct and  
 Initial hereby authorize you to contact references, past or present employers or any other sources of information that may be relevant to my application for employment. It is understood and agreed that any misrepresentations, false statements or omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to this facility.

\_\_\_\_\_ I understand and agree that I may be subject to pre-employment drug testing and/or alcohol testing, random  
 Initial testing, as well as testing where reasonable suspicion or improper usage has occurred, or where warranted by an on-the-job injury, circumstance, workplace conditions or contractual requirements.

\_\_\_\_\_ I understand that should I become employed by First Choice Home Care, my work assignments, schedules and/or  
 Initial work locations are subject to change according to the needs of the business and the clients of First Choice.

\_\_\_\_\_ I understand and agree that all information concerning clients and their families is strictly confidential. I am not  
 Initial permitted to disclose any financial, medical or personal information related to any client or family member to fellow employees or any other individual except my supervisor at First Choice Home Care.

\_\_\_\_\_ I acknowledge that I have read all of the above statements and that I understand them.  
 Initial

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

First Choice Home Care adheres to an equal opportunity policy for all persons seeking admission as clients or seeking employment and for all persons employed by us. We offer equal employment and advancement opportunities to qualified individuals without regard to race, color, religion, sex, age, national origin, marital status, disability or any other category protected by any applicable law, ordinance or regulation.



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## Required Documents for Orientation

All of the items below are required for Employment and are needed to complete your Personnel Record. Please bring these documents with you to Orientation so copies can be made for your file that is retained in our office.

- ▶ Driver's License
- ▶ Social Security Card
- ▶ CPR Card (if applicable)
- ▶ CNA Certificate (if applicable)
- ▶ Medication Assistance Certificate (if applicable)
- ▶ Bank information for direct deposit of payroll (Bank routing number and account number)  
If you do not have a bank account, your paycheck can be picked up in the office on pay day or mailed to you.

Please plan on Orientation taking 2 - 2 1/2 hours. Allow enough time so you are not rushed through it. Orientation involves policy training, video training along with skills tests, paperwork requirement training and completion of the background check and personnel records.