



APPLICATION FOR EMPLOYMENT

INSTRUCTIONS: Fill Out Application Completely (pages 1-4)

PERSONAL INFORMATION

Name:	Last	First	Middle	
Current Address:	Street	City	State	Zip
Date:	Social Security Number:			
Phone:	Cell	Home	Other	
Email Address:				

EMPLOYMENT DESIRED

Position applied for: _____ Employment desired: Part-time Full-time PRN

Hourly pay range desired: _____ Date you can start: _____

How many hours can you work weekly? _____ Are you available to work overnights? Yes No

What is your weekend availability? _____ Have you previously applied at CHHC? Yes No

Please indicate the days and times you ARE available to work below:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What foreign languages do you speak and write fluently? _____

Referred by? Online Ad Website Friend Employee _____ Other _____

Are you at least 18 years of age? Yes No

U.S. citizen? Yes No If "no", can you furnish legal proof of work permit? Yes No

Have you ever worked under another name? Yes No If yes, please explain: _____

Have you ever been convicted of a crime? Yes No If yes, please explain: _____

Do you have a car? Yes No Valid Driver's License # _____ State _____ Expiration Date _____

Do you have auto insurance? Yes No Provider: _____

Verification of coverage and proof of payment will be required before commencing employment and may be requested by Caring Hearts Home Care at any time after hiring.

Have you had any accidents during the past 3 years? Yes No How many? _____

Have you had any moving violations during the past 3 years? Yes No How many? _____

EDUCATION				
	Name & Address of School	Years Completed	Did You Graduate?	Subjects Studied & Degree Received
High School:				
College:				
Post College:				
Business / Trade or Other School:				

SPECIAL QUALIFICATIONS
<p>List any certifications (include license # & expiration date), special skills, training or experience that may qualify you for this position. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Why do you enjoy being a caregiver? _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

SKILLS EVALUATION			
On a scale of 1 to 10 (1 = no experience, 10 = expert) rate your skill level in regards to the caregiver tasks shown below.			
Skill	Rate 1-10	Skill	Rate 1-10
Cooking / Meal Preparation		Transferring / Use of Gait Belt	
Sanitizing Kitchen / Bathroom		Catheter Care	
Laundry & Housekeeping		Use of Oxygen	
Bed Making / Linen Changing		Alzheimer's / Dementia Care	
Hand Washing Technique		Parkinson's Care	
Universal Precautions (use of gloves, masks, etc.)		Stroke Care	
Showering / Bathing		Diabetes Management	
Personal / Incontinence Care / Toileting		Use of Hoyer Lift	

REFERENCES

List four professional work references (Do Not Include: family, friends or acquaintances)

Name	Phone #	Email Address	How Do You Know This Person?	Years Known
1)				
2)				
3)				
4)				

EMPLOYMENT HISTORY

Please list your last three employers, starting with the most recent.

1. Name and address of employer:	Name of Supervisor	Employment dates:	Hourly pay rate:
		Start:	
		End:	
Phone number:	Your last job title:		
Reason for leaving:			
List duties performed:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
2. Name and address of employer:	Name of Supervisor	Employment dates:	Hourly pay rate:
		Start:	
		End:	
Phone number:	Your last job title:		
Reason for leaving:			
List duties performed:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
3. Name and address of employer:	Name of Supervisor	Employment dates:	Hourly pay rate:
		Start:	
		End:	
Phone number:	Your last job title:		
Reason for leaving:			
List duties performed:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		
4. Name and address of employer:	Name of Supervisor	Employment dates:	Hourly pay rate:
		Start:	
		End:	
Phone number:	Your last job title:		
Reason for leaving:			
List duties performed:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain:		

Do you know of any reason that you would not be able to perform the essential functions for the position applied for above? (Please refer to the attached job description) **Yes** **No**

If yes, describe the functions that cannot be performed. _____

Applicant's Statement Regarding Caregiving History

I attest that I, the applicant, have never abused, neglected, sexually assaulted, exploited, or deprived any person, nor have I subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

Waiver and Release of Information

I understand and agree that any consequential omissions or misrepresentations made by me on this application will be sufficient cause for cancellation of this application and/or termination by Caring Hearts Home Care if I have been employed. I understand that any offer of employment will be at-will and that Caring Hearts Home Care reserves the right to terminate my employment at any time, with or without prior notice, for any reason, and that I am free to resign at any time, with or without prior notice. I understand that no representative of the company has the authority to alter the at-will status of this employment.

I give Caring Hearts Home Care the right to investigate all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any other pertinent information they may have, personal or otherwise. I release Caring Hearts Home Care and its representatives from all liability from any damage that may result from furnishing the same to you. This includes a criminal background history, workers compensation investigation, and/or social security check. This may also include random drug testing.

I further agree that I will abide by all the rules, regulations, and policies of Caring Hearts Home Care and that failure to do so may be cause for immediate termination. I also understand that any offer of employment may be conditioned upon satisfactory completion of a post-offer physical exam or medical evaluation.

Signature _____ **Date** _____

Mail to:
Caring Hearts Home Care
2045 Grand Avenue, Suite C
West Des Moines, IA 50265
Phone: 515-283-8300

Fax to:
515-267-8301

Scan / Email to:
careers@caringheartshomecare.com