



EMPLOYMENT APPLICATION

Personal Information

Full legal name _____

Address

Street: _____ Apartment: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Social Security Number: _____

Home phone: _____ Cell phone: _____

Email Address: _____

Gender: Male: _____ Female: _____

Language

What languages do you speak? _____

Are you proficient in reading and writing in English: _____yes _____No

Emergency Contact

Name & Phone Number of Person to contact in the event of an emergency:

Education

Formal

Diploma: _____

Certificate: _____

Degree: _____

Other: _____

Other: _____

Informal

Do you have current First Aid Certification (State Level): _____ Exp Date: _____

Do you have current CPR? _____ Exp Date: _____

Have you taken a Food Safety course? _____

Other: _____

Employment (Current/ Previous)

Company Name #1: _____

Address: _____

Telephone No. & Email Address: _____

Supervisor's Name _____.

Position Held: _____

Length of Employment: _____

Reason for Leaving: _____

Company Name #2: _____

Address: _____

Telephone No. & Email Address: _____

Supervisor's Name _____.

Position Held: _____

Length of Employment: _____

Reason for Leaving: _____

Work Limitations _____ **Yes** _____ **NO**

List any work limitations that you may have and briefly describe:

Hearing: ___ Yes ___ No

Speech: ___ Yes ___ No

Lifting: ___ Yes ___ No

Health: ___ Yes ___ No

Physical: ___ Yes ___ No

Emotional: ___ Yes ___ No

Other: _____

Availability for Work

_____ Full-time _____ Part-time _____ Per diem _____ Short-notice _____ Split Shift

Indicate Days and List Hours Available for Work:

_____ Sunday: _____ shift/ Hrs

_____ Monday: _____ shift/Hrs

_____ Tuesday: _____ shift/ Hrs

_____ Wednesday: _____ shift/ Hrs

_____ Thursday: _____ shift/ Hrs

___ Friday: _____ shift/ Hrs
___ Saturday: _____ shift/ Hrs

What is the minimum number of hours you will work in one day? _____
What is the maximum number of hours you will work in one day? _____

Type of Work Seeking

Type of Position(s) Preferred

___ CNA ___ HHA ___ caregiver/companion ___ Concierge assistant ___ Sitter

Clients Not Willing or not able to Work With: (select below)

___ Dementias/Alzheimer's ___ Smokers
___ Mental Retardation ___ Behavioral Disorders ___ Elderly (over 65)
___ Physical Disabilities ___ Pets
___ Females
___ Males
___ Client use of marijuana for medicinal purposes
___ HIV Positive/Aids
___ Other (Specify): _____

Do you have any of the following Experiences below:

___ Housekeeping ___ Laundry
___ Meal Preparation
___ Shopping ___ running errands
___ Transportation
___ Medication Reminding
___ Private duty
___ Live in care (24hrs)
___ Other _____

Assignment Location

Are you restricted in the geographical location you are willing/able to work? ___ Yes ___ No Explain:

Transportation

Type: ___ Private Vehicle ___ Bus Other: ___ (Specify) _____

Do you have a valid Driver's License: ___ Yes ___ No

Driver's License number: _____

Transporting Clients

Are you willing to transport clients in your private vehicle? _____

Do you have adequate vehicle insurance? _____

Are you willing to drive a client's vehicle? _____

Are you willing to escort a client in their own vehicle? _____

Are you willing to escort a client on public transportation? _____

Comments: _____

Reference Information

Professional:

Name _____

Address: _____

Telephone No. & Email Address: _____

Nature of Friendship (friend, co-worker, family etc.) _____ (Other than relative.)

Personal:

Name _____

Address: _____

Telephone No. & Email Address: _____

Nature of Friendship (friend, co-worker, family etc.) _____ (Other than relative.)

Abuse Investigation

Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain:

No Yes _____

Criminal Background

Have you ever been convicted of a felony, theft or drug related crime? If "yes", explain:

No Yes _____

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required.

Additionally, I authorize former employers, references and any other individual/organizations to provide information to

Destiny Home Care LLC and I hereby release and discharge any of the above and **Destiny Home Care LLC** from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check

If further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Applicant's Signature _____ Date _____

****Please email application to:** Destinyhomecare63@gmail.com

If selected for an interview, please bring the following:

CNA license/ HHA certificate

Copy of valid Driver's license

Copy of social security card

CPR/ First Aide/ AED or BLS certification card

TB skin test (recent within a year or chest X-ray within 5 years)

Level 2 Background check

Job Requirements

Be at least eighteen (18) years of age

Pass drug test

Pass a level 2 background test

Must have reliable transportation