



How did you hear about us? \_\_\_\_\_

## Applicant Information

### Personal Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ Email \_\_\_\_\_

Phone Number Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Alternate: \_\_\_\_\_

If hired, can you furnish proof that you are either a Citizen of the United States or otherwise legally authorized to work in this country  Yes  No: \_\_\_\_\_ Type of Residence: \_\_\_\_\_

Have you ever been convicted of a felony?  YES  NO.

Have you ever pled guilty or "no contest: to, or been convicted of, a misdemeanor or felony? YES  NO

If yes, give date, change(s), arresting agency and fine/penalty (include any pending information)

How Long have you been a Caregiver: \_\_\_\_\_? Are you a CNA: \_\_\_\_\_ CHHA: \_\_\_\_\_?

Check all boxes of Conditions of Clients you have worked with:

Alzheimer  Dementia  Stroke  Hospice  CHF  COPD  Diabetic  Paraplegic

Catheter Care  Colostomy Care  Post surgical  Child Care  Other \_\_\_\_\_

### Work References:

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Tel \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Tel \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Company Name \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Tel \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

May we contact your current employer?  YES  NO

Can you accept a position immediately?  YES  NO If no, date you can start? \_\_\_\_\_

### Desired Work (check all that applies):

Live-In  Personal Care Hourly  Bath Visits  Homemaking Hourly  Transportation

### Availability:

Sun	Mon	Tue	Wed	Thu	Fri	Sat
from _____ to _____	from _____ to _____	from _____ to _____	from _____ to _____	from _____ to _____	from _____ to _____	from _____ to _____

Do you have a reliable method of transportation?  YES  NO

How far are you willing to travel from home? \_\_\_\_\_

List Areas you prefer to work: \_\_\_\_\_

I certify that the information contained in this document is true and complete to the best of my knowledge

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*This Application is not a contract of employment. Companion Assisted Care reserves the right to make hiring decisions based on the criteria contained within the application document and the standards of business practices compliant with the law.

## APPLICANT'S AGREEMENT & UNDERSTANDING

In consideration of my employment, I agree to conform to the rules and regulations of Companion and understand that the Agency is an "Employer at Will".

It is the policy of this company to recruit, hire, and promote persons for all job classifications on the basis of their merit, experience, qualifications, and competence. This applies to all categories of employment including managerial, professional, supervisory, technical, and service oriented positions.

No aspect of employment shall be influenced by race, color, national origin, religion, sex, age, or disability. All hiring decisions will be made solely upon the basis of an applicant's qualifications, as they pertain to the requirements of the position for which he or she is being considered.

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. .

I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of unlawful substances (including lawful substances used in an unlawful manner) in my system, performed by a doctor selected by the Company.

I certify by my signature that the information on this employment application herein provided is true and authorize Companion to investigate pre and post employment information. I understand that this inquiry includes, but is not limited to, verification of previous employment and employment references, verification of education, motor vehicle driving record, and felony convictions (if applicable). In accordance with the law I hereby release from all liability or responsibility all persons, companies, or corporations furnishing such information.

I further understand that if I provide any misleading or incorrect statement and/or fail to complete the employment application, this action will render this application void, and if employed, may cause for immediate discharge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_