

Employee Application

Home Care Helpers, LLC.

Ph: (704) 878-2834

Apply on Line: www.homecarehelpers.net

Employee Data CNA__ IHA__ Days Available _____ Hours Available _____
Available nights _____ Available weekends _____ Willing to be on call _____

Employee: _____ SSN _____
 LAST FIRST MI

Current Address: _____

Email _____ @ _____ Telephone Home _____ Cell _____

City _____ State _____ Zip _____

How long at current address _____ Are you over the age of 18? __Yes __No Sex __M __F

Prior Address: _____

City: _____ State: _____ Zip: _____

Have you ever worked for our agency? Yes No Do you have reliable transportation? Yes No

Name of friends or relatives who presently work for this company: _____

Name: _____ Home Phone _____

Address: _____ Work Phone _____

City: _____ State _____ Zip _____

How is this person related to you? _____

Position Data

Position _____ Date you can start _____

Are you employed now? Yes No If so, may we contact your current employer? Yes No

Education and Employment Information

List the last three (3) schools you attended, beginning with the most recent.

Name and address	# of Years completed	Graduate?	Major/Degree
1.			
2.			
3.			

List your last three (3) employers, beginning with the most recent.

Company	Address	Phone #	Supervisor
1.			
2.			
3.			

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General

List any foreign languages you speak and check your level of familiarity:

_____	Speak some	Speak fluently	Read	Write
_____	Speak some	Speak fluently	Read	Write

Have you ever had any professional license or certification placed under investigation, revoked, disciplined, or suspended? Yes No If yes, explain: _____

Professional License #: _____ Professional License #: _____

Have you ever been convicted of a felony within the last five years? Yes No
If yes, explain (this will not necessarily exclude you from consideration): _____

Military

U.S. Military Service: Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

References-

Please list **two** individuals that you have worked with in the health care field.

Name _____ Work Phone _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____

Name _____ Work Phone _____

Company _____ Title _____

Address _____

City _____ State _____ Zip _____

I authorize investigation of all references and employer listed above to give any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release the company from all liability.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed by agency, falsified statements are grounds for dismissal.

Signature _____ Date _____

FOR INTERNAL USE ONLY-----

Interviewer: _____ Date _____

Comments: _____