Logotipo

Descripción generada automáticamente

Ana Cares Senior Services

# CHHA EMPLOYMENT APPLICATION form

## Personal Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | | |  | Date: |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address: |  |  | | | |  | Phone: |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email: |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Available: |  |  | | |  | S.S. no: |  |  |  | Desired salary: |  | $ |
|  | | |  |  | | | | | | | | |
| Position applied for: | | |  |  | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| If no, are you authorized to work in the U.S.? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| Have you ever worked for this company? | | |  | Yes | No |  | If yes, when? |  |  |
|  |  |  | | | | | | | |
| Have you ever been convicted of a felony? | | |  | Yes | No |  | If yes, explain? |  |  |

## Education

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| High school: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Diploma: |  |  |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| College: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Degree: |  |  |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| Other: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Degree: |  |  |

## References

Please list three professional references.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

## Previous Employment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

## Military Service

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Branch: |  |  | | | | | | | | |  | From: |  |  |  | To: |  |  |
|  | | | |  | |  | | | | | | | | | | | | |
| Rank at discharge: | | |  | |  | | | |  | Type of discharge: | | |  |  | | | | |
|  | | | |  | |  | | | | | | | | | | | | |
| If other than honorable, explain: | | | | | | |  |  | | | | | | | | | | |

## Employment Desired

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Are you able to work hourly or live-in? |  |  | Hourly |  | Live-In |
| 1. If hourly, are you able to work part-time or full-time? **(\*skip if you only chose live-in)** |  |  | Part-time |  | Full-time |
| 1. Are you available to work during weekends? |  |  | Yes |  | No |
| I am available to work the following hours: | | | | | |
| I am available to work the following days: | | | | | |
| 1. Do you drive? |  |  | Yes |  | No |
| 1. Do you have a valid driver’s license? |  |  | Yes |  | No |
| If **no**, do you have a reliable mode of transportation to and from work? |  |  | Yes |  | No |
| 1. Is your vehicle available for use during assignment? |  |  | Yes |  | No |
| 1. If **yes**, can you provide proof of insurance? |  |  | Yes |  | No |
| 1. If **yes**, can you provide proof of registration? |  |  | Yes |  | No |
| 1. I am able to use my OWN vehicle to transport the client to his/her appointments or to do errands. |  |  | Yes |  | No |
| 1. I am comfortable driving the client’s vehicle to his/her appointments or to do errands. |  |  | Yes |  | No |
| 1. Are you allergic to pets? |  |  | Yes |  | No |
| 1. Can you work in homes with pets? |  | Dogs | Cats |  | All Pets |
| 1. Do you smoke? |  |  | Yes |  | No |
| 1. Are you allergic to smoke? |  |  | Yes |  | No |
| 1. Are you able to perform tasks within a home where smoking is present? |  |  | Yes |  | No |
| 1. Are you First Aid Certified? |  |  | Yes |  | No |
| If **NO**, are you willing to get certified? |  |  | Yes |  | No |
| 1. Are you CPR Certified? |  |  | Yes |  | No |
| If **NO**, are you willing to get certified? |  |  | Yes |  | No |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. What type of license do you currently hold? |  | **License Number:**  **License Expiration Date:**  **Licensing Agency:** | | | | |
| 1. Do you hold any malpractice insurance? |  | Yes |  | | No | |
|  | **\*If YES:**  **Company Name:**  **Address:**  **Policy Number:** | | | | |
| 1. Are you able provide proof of your legal right to live and work in the US or proof of citizenship if hired? |  | Yes | |  | | No |

## Skills, Training, and Experience

|  |  |  |  |
| --- | --- | --- | --- |
| Kindly enumerate all training sessions you have participated in and/or provide documentation verifying your attendance during training: | | | |
| Mark all relevant experience regarding **Safe Transfer Techniques**: | | | |
| Cane/Walker/Wheelchair | In/Out of Bed Transfer | Hoyer Lift | Ambulation |
| Mark all relevant experience regarding **Personal Care:** | | | |
| Bathing/Showering | Toilet Assistance | Dressing | Grooming |
| Oral Care | Skin Care | Nail Care | Medicine Reminder |
| Mobility Support | Exercise Assistance | Positioning | Client Monitoring |
| Bed Bound | Continence Care | Empty Catheter | Empty Colostomy Bag |

|  |  |  |  |
| --- | --- | --- | --- |
| Mark the categories of **clients you have experience working with**: | | | |
| Elderly | Disabled | Diabetic | Stroke Victim |
| Alzheimer’s/Dementia | With Mental Health Conditions | With Developmental Disorders | With Traumatic Brain Injury |
| Chronic Illness | Post-Surgery/  Post-Hospitalization | Cancer | Palliative Care |
| Hospice | Others (please specify) | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Mark the all the **settings you have experience working in**: | | | |
| Hospital | Nursing Home | Retirement Home | Assisted Living Facility |
| Home Care | Hospice Care | Rehabilitation Center | Adult Day Care Center |
| Community Health Center | Others (please specify) | | |

|  |
| --- |
| **Do you possess any additional skills, qualifications, experience, or training that you believe would be well-suited for a position at Ana Cares Senior Services? If so, kindly elaborate below:** |

## Disclaimer and Signature

I certify that the abovementioned are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |

## OFFICE USE ONLY

**Interviewer Name & Title:**

**Interview Date:**

**Date of Hire:**

**Orientation Date**:

**INTERVIEWER REMARKS:**