

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 [x]  | 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:**