



**COMPASSIONATE**  
Hands In Home Agency  
*You're in good hands*

**Employment Application**

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

**Applicant Personal Information**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
*Last First M.I. Month Day Year*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Gender:  Female  Male Social Security No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Language: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail: \_\_\_\_\_ Are you 18 years of age or older?  YES  NO

List other name and aliases you have been known by: \_\_\_\_\_

In Case of Emergency please Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you have a valid Driver's License? YES  NO  Driver's License No: \_\_\_\_\_ State Issue: \_\_\_\_\_

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 been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Education**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	COMPLETED	MAJOR & DEGREE
High School			YES <input type="checkbox"/> NO <input type="checkbox"/>	
College			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Bus. Or Trade School			YES <input type="checkbox"/> NO <input type="checkbox"/>	



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**Personal References**

List three (3) references that we may contact, including a complete phone number, is required. DO NOT LIST family members or previous supervisors.

NAME	ADDRESS - City, State, Zip	RELATIONSHIP	TELEPHONE

**Professional References**

Please list two professional references.

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Supervisor: \_\_\_\_\_ Position: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Previous Employment**

Please list your most recent job held.

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO



**Certification**

Please check any Certification(s) you currently process:

Do you have a current First Aid Certificate? YES  NO  (State Level): \_\_\_\_\_ . Expire Date: \_\_\_\_\_

Do you have a valid CPR Training Certification? YES  NO  (State Level): \_\_\_\_\_ . Expire Date: \_\_\_\_\_

Are you a Certified Caregiver? YES  NO

Have you taken a Food Safety course? YES  NO

Others: (Please Specify) \_\_\_\_\_

**Work Limitations and Restrictions**

Indicate any work limitations that you may have and give a brief description:

Hearing:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Lifting:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Speech:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Health:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Physical:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Emotional:	Yes <input type="checkbox"/>	No: <input type="checkbox"/>	
Other:	Yes <input type="checkbox"/>	No: <input type="checkbox"/>	

**Days and Hours Availability for Work**

**Full Time:** \_\_\_\_\_ **Part Time:** \_\_\_\_\_ **Short Notice:** \_\_\_\_\_ **Split Shift:** \_\_\_\_\_

Indicate Days and List the Hours you are Available for Work.

✓	Day	Hours From:	Hours To:	What are the minimum numbers of hours you will a Day?	What are the maximum numbers of hours you will a Day?
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Sunday				



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### Type of Work Seeking

Home Maker:  Personal Care:  Companion:  Live-In:  Other

Live-In care usually requires you to live in the Client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept.

Weekdays: (Monday a.m. to Friday a.m.) \_\_\_\_\_ Weekends: (Friday a.m. to Monday a.m.) \_\_\_\_\_

Dementias/Alzheimer's  Physical Disabilities  Strokes  Pets

### Work Experience

Bathing/Showering  Personal Hygiene  Dressing  Bowel Care  Bladder Care  Feeding  Ambulation

Grooming  Toileting  Housekeeping  Laundry  Meal Preparation  Shopping  Transportation

Medication Reminding  Friendly Reassurance Phone Call/Home Visit  Socialization.

Others: \_\_\_\_\_

### Clients Not Willingly/Able to Work With

Mental Retardation  Behavioral Disorder  Children  Males  Females

Elderly (over 65)  HIV Positive/Aids  Client's use of marijuana for medical purposes

Others: \_\_\_\_\_

### Duties Not Willingly/Able to Perform

Bathing  Oral Care  Dressing  Bowel Care  Bladder Care  Feeding  Ambulation  Grooming

Housekeeping  Laundry  Meal Preparation  Shopping  Transportation  Medication Reminding

Friendly Reassurance Phone Call/Home Visit

Others: \_\_\_\_\_

### Work Assignment Location

Are you restricted in the geographical location you can work in?  YES  NO

If No, please If No Please Explain: \_\_\_\_\_



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**Skill Information**

How would you rate yourself on your experience with the following aspects of caregiving?			
1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience			
Companionship	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Dressing / Grooming	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Meal Preparation	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Transferring	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Light Housekeeping	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Incontinence Care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Bathing / Showering	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Dementia / Alzheimer's Care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

**Transportation/Driver's License Information**

Do you have a valid Driver's license?  YES  NO Driver's License No: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Do you own a vehicle?  YES  NO If No, how would you get to work?

Is your vehicle Registered and Insured in the State of CT.?  YES  NO

Are you willing to transport clients in your private vehicle?  YES  NO

Are you willing to drive a client's vehicle?  YES  NO

Are you willing to escort a client in their own vehicle?  YES  NO

Are you willing to escort a client on public transportation?  YES  NO

Have you had any accidents during the past three years?  YES  NO How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  YES  NO How many? \_\_\_\_\_

Comments: \_\_\_\_\_

**Abuse Investigation**

Have you ever been investigated for abuse, neglect, or domestic violence?  YES  NO

If "YES", Please explain: \_\_\_\_\_



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### Disclaimer and Signature

I certify that, to the best of my knowledge, the answers given are the 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 or organization to provide information to Compassionate Hands Home Care LLC. I hereby release and discharge any of the above to Compassionate Hands Home Care 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 this 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.

I further understand that if I'm hired, I may be required to provide proof that I am a citizen of the United States and proof that I am currently authorized to work in the United States. 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: \_\_\_\_\_

