

**EMPLOYMENT APPLICATION for HOME CARE WORKER**

<b>Personal Information</b>	
<b>Name</b>	First: _____ Middle Initial _____ Last: _____
<b>Address</b>	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
<b>Phone</b>	Home: _____ Cell: _____ Other: _____
<b>Email</b>	Email Address: _____
<b>Date of Birth</b>	Day: _____ Month: _____ Year: _____
<b>SSN</b>	Social Insurance Number: _____
<b>Gender</b>	Male: _____ Female: _____
<b>Language</b>	What languages do you speak? _____ _____
<b>Emergency Contact</b>	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ _____
<b>Education</b>	
<b>Formal</b>	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____

DIVINE HARMONY RESIDENTIAL SERVICES

<b>Informal</b>	Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ (Specify) Other: _____ (Specify)
<b>Restrictions</b>	
<b>Work Limitations</b>	List any work limitations that you may have and briefly describe: Hearing: ___ Yes ___ No _____ Speech: ___ Yes ___ No _____ Lifting: ___ Yes ___ No ___light lifting 15-20 lbs _____ _____ Health: ___ Yes ___ No _____ Physical: ___ Yes ___ No _____ Emotional: ___ Yes ___ No _____ Other: ___ Yes ___ No _____
<b>Availability for Work</b>	
<b>Hours &amp; Days Available for Work</b>	_____ Full-time _____ Part-time _____ Short-notice _____ Split Shift Indicate Days and List Hours Available for Work: ___ Sunday: From: _____ To: _____ ___ Monday: From: _____ To: _____ ___ Tuesday: From: _____ To: _____ ___ Wednesday: From: _____ To: _____ ___ Thursday: From: _____ To: _____ ___ Friday: From: _____ To: _____ ___ Saturday: From: _____ To: _____ What is the minimum number of hours you will work in one day? ___ 3 _____ What is the maximum number of hours you will work in one day? ___ 6 _____
<b>Type of Work Seeking</b>	
<b>Type of Position(s) Preferred</b>	_____ Direct Support Professional (DPS) _____ House Manager _____ _____ Other: _____ (Specify) Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: ___ (Monday a.m. to Friday a.m.) _____ Weekends: (Friday a.m. to Monday a.m.)
<b>Clients Not Willing/Able to Work With</b>	_____ Dementias/Alzheimer's _____ Physical Disabilities _____ Smokers _____ Pets _____ Mental Retardation _____ Females _____ Behavioral Disorders _____ Males _____ Elderly (over 65) _____ Client use of marijuana for medicinal purposes _____ Children _____ HIV Positive/Aids _____ Other: _I can not do full assist they client has to be able to help me assist them _____



DIVINE HARMONY RESIDENTIAL SERVICES

<b>Reference Information</b>	
<b>Work Related #1 (Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #2 (2<sup>nd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #3 (3<sup>rd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Personal #1</b>	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship ( <i>friend, co-worker, family etc.</i> ) _____ ( <i>Other than relatives.</i> )
<b>Personal #2</b>	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship ( <i>friend, co-worker, family etc.</i> ) _____ ( <i>Other than relatives.</i> )

DIVINE HARMONY RESIDENTIAL SERVICES

I certify that, to the best of my knowledge, the answers given are 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/organizations to provide information to **DIVINE HARMONY LLP**. and I hereby release and discharge any of the above and **DIVINE HARMONY, LLP**. 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 the 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

If further understanding, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

---

Applicant's Signature

Date