



## APPLICATION FOR EMPLOYMENT

All prospective employees will receive consideration without discrimination regarding race, color, creed, age, natural origin or handicap. All information provided herein will be kept confidential.

### PERSONAL

\_\_\_\_\_  
**LAST NAME**

\_\_\_\_\_  
**FIRST**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**PREFERRED NAME / NICKNAME**

\_\_\_\_\_  
**PREFERRED PHONE**

\_\_\_\_\_  
**CITY, STATE, ZIP**

\_\_\_\_\_  
**ALTERNATE PHONE**

\_\_\_\_\_  
**SS# / PASSPORT # /LEGAL ALIEN #**

\_\_\_\_\_  
**DATE OF BIRTH**

Emergency Contact (person not living with you) \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_ Yes \_\_\_\_ No

Have you ever applied for employment with this Agency? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about this Agency? \_\_\_\_ On line \_\_\_\_ Web site \_\_\_\_ Employee \_\_\_\_ Other

Have you received annual training with another licensed agency in the last 365 days?

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Number of hours: \_\_\_\_ Certificates: \_\_\_\_ Yes \_\_\_\_ No

Do you have a current negative TB test or negative chest x-ray? \_\_\_\_ Yes \_\_\_\_ No

Preferred work schedule: \_\_\_\_ Hourly \_\_\_\_ Evenings \_\_\_\_ Weekends \_\_\_\_ Live In

Availability:  Sun  Mon  Tues  Wed  Thurs  Fri  Sat

### I am competent in the following skills / client conditions:

Transfers  Gait Belt  Oxygen  Hoyer Lift  Sit to Stand  Walker

Wheelchair  Foley catheter  Colostomy bags  Incontinence (bladder & bowel)

Alzheimer's  Dementia  Parkinson's  Bed Bound  Aggressive behaviors

Highest Level of Education: \_\_\_\_\_ Grade School \_\_\_\_\_ High School \_\_\_\_\_ College (# of years)  
\_\_\_\_\_ Specialty training Type: \_\_\_\_\_

### EMPLOYMENT HISTORY

Please list your last two positions starting with the most recent:

1. Employer Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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2. Employer Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Job Title: \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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### ADDITIONAL INFORMATION

If you have used another last name during these prior employments, what name(s) did you use?  
\_\_\_\_\_

Have you ever been asked to leave your position? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state the circumstances: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have reliable transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you use public transportation? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Occasionally

Are you capable of performing the job set forth in the job description? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered No, which job requirement can you not meet

Have you been convicted of a crime in the past 5 years barring you from being employed in a Home Care and/or community agency or facility? \_\_\_\_ Yes \_\_\_\_ No  
Conviction will not necessarily disqualify and applicant from employment. If Yes, describe in full.

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**PROFESSIONAL REFERENCES**

Please list two persons who can provide a reference for your job performance:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How are you acquainted? \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
How are you acquainted? \_\_\_\_\_

**SPECIALIZED SKILLS, QUALIFICATIONS, AND LANGUAGES SPOKEN.**

Please list any job related skills and/or qualifications from employment or other experience:

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I certify that the information provided in this application are true and complete to the best of my knowledge and understand that if employed, falsified statements on this application **SHALL BE GROUNDS FOR DISMISSAL.**

I Authorize complete investigation of al statements contained herein and give my full permission for Heavenly Home Care, Inc to contact and fully discuss my background and history with all persons and entities listed above. I release all former employers and employees and others listed from any and all liability for damage that may result from furnishing the same to Heavenly Home Care, Inc.

I understand and agree that Heavenly Home Care, Inc., is incorporated in the State of Illinois and fully recognize that the state is recognized as an Employment at Will state and my employment is not guaranteed and can be terminated for any lawful reason without prior notice and with or without cause. I understand that if hired, my employment is for no definite period of time.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

