



# Employment Application

<b>Name:</b>			<b>Position Applying for:</b>		
<b>Last (Print)</b>	<b>First (Print)</b>	<b>Middle Initial</b>	<b>SS# _____ - _____ - _____</b>		
Street Address:			Phone Number:		
Street Address:		Apt/Floor No:			
City:		State/Zip:			
Are there any other names you have used in your present or past work experience?					
<b>Transportation</b>					
<b>Do you Drive?</b>		<b>Do you have a Car?</b>		<b>Driver's License Number?</b>	<b>Expiration</b>
<b>Education:</b>					
<b>School/College (include city/state)—begin with last institution attended</b>			<b>Degree Earned</b>		<b>Year</b>
<b>Employment History:</b>					
<b>Employer</b>	<b>Location</b>	<b>Phone Number</b>	<b>Immediate Supervisor</b>	<b>Employment Dates</b>	
				<b>From</b>	<b>To</b>

**Work Availability:**

Are you legally authorized to work in this Country?

Are you available to work Weekends?

Are you available to work Nights?

Desired Employment?

Available Start Date

Please Specify times you are unable to work?

Please list any and all areas of actual working experience and period of time during which experience was acquired (for example, ICU – one year, med surg, etc.):

Please explain, in detail, any periods of unemployment or reasons for leaving each employer:

Why are you interested in this position?

What special qualifications do you have that would be helpful in this position		
<b>Companionship</b>	<b>Personal Care</b>	<b>Light Housekeeping</b>
<b>Meal Preparation</b>	<b>Dementia/Alzheimer</b>	
<b>Have you ever been convicted of a Crime?</b> If yes, Please Explain:		
Do you currently hold a Nursing License, CNA License or HHA License?  If yes, Please provide your license number.		
Are you CPR Certified?                      If no, please provide details on when you plan to get Certified.		
Will you consent to a background and 5 panel Drug Test?		
Type of license/certification, issuing authority and number, if applicable, license/certification expiration date:		
Malpractice insurance carrier name, address, policy number, expiration date if applicable:		
<b>Professional References: Name</b>	<b>Address</b>	<b>Phone Number</b>
<b>Please read before signing:</b>  My signature verifies that information provided in this application is true and complete. I understand the agency is an Equal Opportunity Employer. I understand that falsification, including withholding of information, on this application is grounds for immediate dismissal if I am selected for a position. I further understand that if I am hired, I can be terminated, with or without cause and with or without notice. I agree to have my picture taken for identification purposes and to submit to drug screening tests, upon request. I understand that all references listed above may be contacted in addition to past employers and educational institutions: I, (Applicant)_____, hereby authorize (Agency) <b>Hill's Helping Hands Homecare, LLC</b> to request and receive from all prior employers within one (1) year of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination.  <div style="display: flex; justify-content: space-between;"> <span>Signed _____</span> <span>Date _____</span> </div>		