

## Employment Application

SSN: \_\_\_\_\_ Gender: M/F Birthday: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Emergency Number: (\_\_\_\_) \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Referred by: \_\_\_\_\_

Are you eligible to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you seeking a live-in or live out position? \_\_\_\_\_

**Salary requirements:** Live-in \$ \_\_\_\_\_ per day / Live-out \$ \_\_\_\_\_ per hour

**Full-time or Part Time?** \_\_\_\_\_

**Shift Preference:** (check all shifts that you would be interested in working)

How many hours per week would you like to work?: \_\_\_\_\_

Available times to work: Weekdays \_\_\_\_\_

Weekends \_\_\_\_\_

### Education/Certifications:

**Name and location of schools:**

**Month/Year graduated**

High School: \_\_\_\_\_ / \_\_\_\_\_

College or University: \_\_\_\_\_ / \_\_\_\_\_

Certifications or Licenses (ie, H.H.A., C.N.A. or L.P.N.): \_\_\_\_\_

CPR? Yes \_\_\_\_\_ No \_\_\_\_\_ If CPR certified, please provide a copy of your CPR card.

**Employment Experience:** (most recent first)

Dates: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
If a companion position, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Dates: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Company: \_\_\_\_\_  
Position: \_\_\_\_\_  
Part time \_\_\_\_\_ Full time \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Supervisor: \_\_\_\_\_  
If a companion position, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Agency Employment:**

Have you worked for other home companion agencies prior to Home Companion Solutions?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Assignment description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates: From: \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_  
Assignment description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Professional References:** Please provide us with the home and work numbers of two supervisors or clients for whom you have worked in the past year (**home and work numbers will speed your activation process**).

Name: \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ Home/Cell phone: (\_\_\_\_) \_\_\_\_\_  
Manager \_\_\_\_\_ Client \_\_\_\_\_  
Position: \_\_\_\_\_

Name: \_\_\_\_\_  
Work phone: (\_\_\_\_) \_\_\_\_\_ Home/Cell phone: (\_\_\_\_) \_\_\_\_\_  
Manager \_\_\_\_\_ Client \_\_\_\_\_  
Position: \_\_\_\_\_

**Employment Questions:**

What language(s) do you speak? \_\_\_\_\_

If certified or licensed, has your certification or license ever been suspended?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why?: \_\_\_\_\_

Have you been terminated from a previous employer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you been convicted of a felony or a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Is your job performance affected by any physical limitations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe? \_\_\_\_\_

Have you been involved in malpractice proceedings or disciplinary proceedings with the Illinois Department of Public Health? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you ever had a liability claim filed against you? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you been asked to *not* return to any position or assignment you held?

Yes \_\_\_\_\_ NO \_\_\_\_\_. If yes, please explain \_\_\_\_\_

Please describe both your strengths and weaknesses in your delivery of companion care:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you be willing to do light housework? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you be willing to do laundry? Yes \_\_\_\_\_ No \_\_\_\_\_

Would you work in a home with pets? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have allergies?  
Do you smoke?:

Yes \_\_\_\_\_ No \_\_\_\_\_  
Yes \_\_\_\_\_ No \_\_\_\_\_

If any limitations, please describe: \_\_\_\_\_  
\_\_\_\_\_

Are you able to lift up to 30lbs? Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any conditions from which you may suffer that could impair your ability to work: \_\_\_\_\_  
\_\_\_\_\_

### **Driving Record**

Do you drive? Yes \_\_\_\_\_ No \_\_\_\_\_ Standard (stick) \_\_\_\_\_ Automatic \_\_\_\_\_

If yes, do you have a car to travel to your assignments?: Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have auto insurance? Yes \_\_\_\_\_ (provide copy of card) No \_\_\_\_\_

If yes, are you willing to drive clients to appointments in *your* car? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, are you willing to drive clients to appointments in *their* car? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you been driving in this country? \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Have you had a moving violation or an accident in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

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

Please tell us anything about yourself that might help Home Companion Solutions place you as a companion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Application Statement**

The statements made in this application are true and accurate. I understand that any falsification or omission will be the basis for disqualification of employment or termination of services. I authorize Home Companion Solutions to verify the information I have provided, and to contact past employers and references concerning my ability, character and work habits. I release such persons from liability for providing such information. I authorize, as my employer, to release to their clients any information from my file (including medical information) which may be relevant to my employment. I understand that this internal information is confidential and Home Companion Solutions will inform their client facilities to treat it as such. I understand that my employment is an employment at will, and may be terminated at any time without prior notice. Home Companion Solutions is an equal opportunity employer.

Signature: \_\_\_\_\_

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

### **\*Equal Opportunity Policy**

Home Companion Solutions is committed to providing equal opportunity and a work environment for its employees free from any discrimination based on **race, color, religion, sex, national origin, sexual orientation, ancestry, age, marital status, physical or mental disability, unfavorable discharge from military, or status as a disabled veteran or veteran of the Vietnam Era.**