



## EMPLOYMENT APPLICATION

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Gender:**    \_\_\_ Male    \_\_\_ Female

**Languages:** What languages do you speak? \_\_\_\_\_

**Marital:** What is your marital status?    \_\_\_ Single    \_\_\_ Married    \_\_\_ Divorced    \_\_\_ Widowed

**SSN:** What is your social security number?

\_\_\_\_-\_\_\_\_-\_\_\_\_

**Physical:** Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you smoke?    \_\_\_ Yes    \_\_\_ No

**Address:** Street: \_\_\_\_\_ Apartment: \_\_\_\_\_

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

**Phone:** Home: \_\_\_\_\_

Cell: \_\_\_\_\_

**Email Address:**

\_\_\_\_\_@\_\_\_\_\_

### Emergency Contact

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

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Referral:** How did you hear about our company?

**Position Desired:** \_\_\_\_\_

### Education

Diplomas: \_\_\_\_\_

Certificates: \_\_\_\_\_

Degrees: \_\_\_\_\_

Other: \_\_\_\_\_

### Necessary Documents

You **will need** the following documents in order to be eligible for hire at A Helping Hand Home Care. Please **initial** beside each document listed verifying that **you can provide proof of ownership**, indicating any expiration dates applicable.

\_\_\_\_\_ Valid Georgia Driver's License Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Auto Insurance for the Vehicle You Would Be Driving Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Current CPR/First Aid Certification Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Current CNA Licensing OR \_\_\_\_\_ PCA Certification Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ Current TB Screening Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

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\_\_\_\_\_ Social Security Card

### Restrictions

**Work  
Limitations**

List any work limitations that you may have and briefly describe:

Hearing:    \_\_\_ Yes    \_\_\_ No \_\_\_\_\_  
 Speech:     \_\_\_ Yes    \_\_\_ No \_\_\_\_\_  
 Lifting:     \_\_\_ Yes    \_\_\_ No \_\_\_\_\_  
 Health:     \_\_\_ Yes    \_\_\_ No \_\_\_\_\_  
 Physical:   \_\_\_ Yes    \_\_\_ No \_\_\_\_\_  
 Emotional:  \_\_\_ Yes    \_\_\_ No \_\_\_\_\_  
 Other:      \_\_\_ Yes    \_\_\_ No \_\_\_\_\_

### Availability for Work

**Hours & Days  
Available for  
Work**

\_\_\_\_\_ Full-time    \_\_\_\_\_ Part-time    \_\_\_\_\_ Short-notice    \_\_\_\_\_ Split Shift

\_\_\_\_\_ 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? \_\_\_\_\_  
 What is the **maximum** number of hours you will work in one day? \_\_\_\_\_

### Client Types and Work Duties

**Clients Not  
Willing/Able  
to Work With**

\_\_\_\_\_ Dementias/Alzheimers                    \_\_\_ Physical Disabilities  
 \_\_\_\_\_ Smokers                                    \_\_\_ Pets  
 \_\_\_\_\_ Mental Retardation                    \_\_\_ Females  
 \_\_\_\_\_ Behavioral Disorders                    \_\_\_ Males  
 \_\_\_\_\_ Elderly (over 65)                        \_\_\_ Client use of marijuana for medicinal purposes  
 \_\_\_\_\_ Children                                    \_\_\_ HIVPositive/AIDS  
 \_\_\_\_\_ Other: \_\_\_\_\_  
*(Specify)*

**Duties Not  
Willing/Able  
to Perform**

\_\_\_\_\_ Bathing                                        \_\_\_ Housekeeping  
 \_\_\_\_\_ Grooming                                    \_\_\_ Laundry  
 \_\_\_\_\_ Oral Care                                    \_\_\_ Meal Preparation  
 \_\_\_\_\_ Dressing                                    \_\_\_ Shopping  
 \_\_\_\_\_ Bowel Care                                    \_\_\_ Transportation  
 \_\_\_\_\_ Bladder Care                                \_\_\_ Medication Reminding  
 \_\_\_\_\_ Feeding                                        \_\_\_ Ambulation  
 \_\_\_\_\_ Other \_\_\_\_\_

**Experience**

Indicate which of the following you have experience in:

\_\_\_\_\_ Bathing/Showering                        \_\_\_ Housekeeping  
 \_\_\_\_\_ Grooming                                    \_\_\_ Laundry  
 \_\_\_\_\_ Personal Hygiene                        \_\_\_ Meal Preparation  
 \_\_\_\_\_ Dressing                                    \_\_\_ Shopping  
 \_\_\_\_\_ Bowel Care                                    \_\_\_ Transportation  
 \_\_\_\_\_ Bladder Care                                \_\_\_ Medication Reminding  
 \_\_\_\_\_ Feeding                                        \_\_\_ Friendly Reassurance Phone Call or Home Visit



EMPLOYMENT APPLICATION	
	Nature of Relationship ( <i>friend, co-worker, family etc.</i> ) _____ ( <i>Other than relative.</i> )
<b>Personal #2</b>	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Relationship ( <i>friend, co-worker, teacher etc.</i> ) _____ ( <i>Other than relative.</i> )
Other Requirements	
<b>Requirements</b>	In order to be eligible for employment with A Helping Hand Home Care, you <b>will need</b> to meet the following qualifications. Please initial beside each statement verifying that it is true: _____ I currently own a smart phone and know how to operate its SMS and GPS functions. _____ I currently own a working email account which I have access to and can operate fully. _____ I am willing and capable of driving up to 45 minutes to a client's residence for work. _____ I currently have a bank account which allows <b>direct deposit</b> . _____ I understand that if an interview is offered, <b>I will be required to provide a background check</b> from the Gainesville Police Department in order to be considered for hire.

**Please read the following statements carefully. Your signature recognizes the following:**

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 **A Helping Hand Home Care, LLC** and I hereby release and discharge any of the above and **A Helping Hand Home Care, LLC** 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, if part of the Agency's pre-employment policy.

I understand that, in order to be eligible for hire, I may be required to provide, upon request, all current documents required before the application process could continue with **A Helping Hand Home Care, LLC**. These documents could include, but are not limited to, CNA or PCA licensing relevant to the position desired, valid Georgia driver's license, auto insurance, social security card, recent background check, tuberculosis screening, and current CPR/First Aid certification.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date