



P.O. Box 262
 Mount Freedom, NJ 07970
 (973) 328-7700
 FAX (973) 328-7703

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Street Address		Apt #
City	State	ZIP
Phone 1:	SSN	
Phone 2:	Date of Birth	
E-mail:		

Emergency Contact

Name	Phone
Address	Relationship

Have you ever applied or worked with us before?

yes no If yes, when _____

I am applying for a position as a

Have you ever been convicted of a felony?

yes no

If yes, please provide details

Availability

Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Check all shifts that you are able to work <input type="checkbox"/> Live-in (M-F) <input type="checkbox"/> Live-in (S-S) <input type="checkbox"/> Hourly Daytime <input type="checkbox"/> 12 Hour Shift Day <input type="checkbox"/> 12 Hour Shift Night			

Family First HomeCareSM, LLC

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Transportation:	
Caregiver positions require that the caregiver get to a client on their own. In addition many caregiver positions require that the caregiver is able to transport a client.	
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	
Do you have a Driver's License? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have a car? <input type="checkbox"/> yes <input type="checkbox"/> no
License Plate #	Drivers License #

Education		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates		
Special skills or courses		

Experience
Discuss any training or experience working with the elderly.
What would you like most about working with the elderly?
What would you like least about working with the elderly?



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Skills											
Please indicate whether you have assisted with or have performed the following tasks for seniors.											
Companion-ship	<input type="checkbox"/> yes	<input type="checkbox"/> no		Vacuuming	<input type="checkbox"/> yes	<input type="checkbox"/> no		Laundry	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Bathing/dressing	<input type="checkbox"/> yes	<input type="checkbox"/> no		Dusting	<input type="checkbox"/> yes	<input type="checkbox"/> no		Grocery shopping	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Grooming	<input type="checkbox"/> yes	<input type="checkbox"/> no		Clean bathrooms	<input type="checkbox"/> yes	<input type="checkbox"/> no		Cooking	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Incontinence	<input type="checkbox"/> yes	<input type="checkbox"/> no		Clean kitchen	<input type="checkbox"/> yes	<input type="checkbox"/> no		Driving	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Transfer assist/Lifting	<input type="checkbox"/> yes	<input type="checkbox"/> no		Work with Cats	<input type="checkbox"/> yes	<input type="checkbox"/> no		Medication Reminders	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Bed Linen changes	<input type="checkbox"/> yes	<input type="checkbox"/> no		Work with Dogs	<input type="checkbox"/> yes	<input type="checkbox"/> no		Work with a Smoker	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Work with Dementia	<input type="checkbox"/> yes	<input type="checkbox"/> no		Willing to work in private home	<input type="checkbox"/> yes	<input type="checkbox"/> no		Willing to work in a facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Experience with Hospice patients	<input type="checkbox"/> yes	<input type="checkbox"/> no		Willing to do Hospice work?	<input type="checkbox"/> yes	<input type="checkbox"/> no		Do you speak another language?	<input type="checkbox"/> yes	<input type="checkbox"/> no	If yes, _____

Employment History		
Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required. Please complete most recent job history first.		
May we contact your current employer? <input type="checkbox"/> yes <input type="checkbox"/> no		
Company	From	To
Address		
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Address		
Job title	Reason left	
Duties		
Supervisor	Phone	



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Company	From	To
Address		
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Address		
Job title	Reason left	
Duties		
Supervisor	Phone	

Personal References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #



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CERTIFICATION AND RELEASE:

I certify that I have read and understand the application note on the top of page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Name (Print)

Signature

Date

For office Use only:



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