

# Application for Employment

At D & J Home Care, Inc.



**Wadhams Creek  
Senior Community**

We appreciate your interest in working with us. The Company is an Equal Opportunity Employer that does not discriminate on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, military or veteran status or any other legally-recognized, protected basis under federal, state or local laws, regulations or ordinances.

To the extent required by applicable law, the Company maintains a smoke-free workplace.

Please answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **Please print**, except for your signature on the last page of this application.

We will endeavor to make a reasonable accommodation to the known physical or mental limitations of a qualified applicant with a disability unless the accommodation would impose an undue hardship on the operation of our business. If you believe you require such assistance to complete this form or to participate in an interview or otherwise in the hiring process, please let us know.

## General Information

Last name		First name		Middle name		Today's date			
Street address				City		State			
Home Phone		Cell Phone		Social Security # (last 4 digits only)					
Position(s) applying for		Have you been given a job description for this position? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available for employment		Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Type of employment desired: <input checked="" type="radio"/> Full time <input checked="" type="radio"/> Part-time <input checked="" type="radio"/> Temporary		Which days and shifts are you available to work? Mon <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Tues <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Wed <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Thurs <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Fri <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Sat <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening Sun <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening  AM Shift (7:00am - 3:00pm) Aft Shift (3:00pm - 11:00pm) Evening Shift (11:00pm - 7:00am)  Note: It is not necessary for you to identify unavailability for work because of religious observation or practice or any other protected classification. Subsequent to any job offer, we will consider whether a reasonable accommodation can be made.		Have you ever been convicted of a crime? (answering "Yes" will not automatically disqualify you) <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No		Direct Care Worker duties require that you be able to lift and/or transfer residents. Can you perform the duties of the job for which you are applying with or without accommodation? <input checked="" type="radio"/> Yes <input checked="" type="radio"/> No  If 'No' please explain		Have you worked for this agency in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, did you work under a different name? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide the name that you worked under as well as any additional information that may be necessary to check your work records:	
List any friends or relatives currently working or that have previously worked for the Company or this Community:									

## Education and Training

Name and location of school	Years completed	Graduated?	Degree or diploma
High school or GED		<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
College or university	Course of study	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	
Vocational or technical	Course of study	<input checked="" type="radio"/> Yes <input checked="" type="radio"/> No	

## Professional License or Certification if Related to Job Sought

Type of license/certification	License/certification number(s)	State issued in	Expiration date
Type of license/certification	License/certification number (s)	State issued in	Expiration date
CPR	<input type="checkbox"/> Yes <input type="checkbox"/> No		Expiration date
First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## Employment History (List last employer first, including U.S. Military service)

<b>#1</b>	Name of employer		Address (city/state/zip code)		
	Position/title		May we contact? <input type="radio"/> Yes - contact phone number: _____ <input type="radio"/> No		
	Summary of work duties	Supervisor's name	Employed from (mm/yy)	Starting salary \$	Reason for leaving
		Employed to (mm/yy)	Ending salary \$		
<b>#2</b>	Name of employer		Address (city/state/zip code)		
	Position/title		May we contact? <input type="radio"/> Yes - contact phone number: _____ <input type="radio"/> No		
	Summary of work duties	Supervisor's name	Employed from (mm/yy)	Starting salary \$	Reason for leaving
		Employed to (mm/yy)	Ending salary \$		
<b>#3</b>	Name of employer		Address (city/state/zip code)		
	Position/title		May we contact? <input type="radio"/> Yes - contact phone number: _____ <input type="radio"/> No		
	Summary of work duties	Supervisor's name	Employed from (mm/yy)	Starting salary \$	Reason for leaving
		Employed to (mm/yy)	Ending salary \$		
<b>#4</b>	Name of employer		Address (city/state/zip code)		
	Position/title		May we contact? <input type="radio"/> Yes - contact phone number: _____ <input type="radio"/> No		
	Summary of work duties	Supervisor's name	Employed from (mm/yy)	Starting salary \$	Reason for leaving
		Employed to (mm/yy)	Ending salary \$		

## References

Are you presently employed? <input type="radio"/> No <input type="radio"/> Yes. Who should we contact?	Have you ever been terminated or asked to resign from a job? <input type="radio"/> No <input type="radio"/> Yes. Please explain:	
Work-related References (Please provide the name of two (2) professional references (supervisors, managers, etc) who have known you at least one (1) year.		
Name of company	Title	Business telephone
Name of company	Title	Business telephone

**Personal References (Please provide the names of two (2) personal references (NOT related to you) whom you have known for at least one (1) year.**

Name	Address	Phone Number
Years known:		
Name	Address	Phone Number
Years known:		

**Applicant's Acknowledgment and Authorization**

***Please read each statement carefully before signing.***

I hereby give permission to contact the above employers, references, and educational, licensing, credentialing and certification institutions to verify the items I listed above. I hereby release D & J Home Care, Inc. and the above referenced organizations, reference person and employers from all claims, liability and damages that may result from furnishing the information to you. I consent to releasing any information relating to my job performance which is documented in my personnel file. In the event that a prior employer or other organization is obligated to provide any written notice to me regarding the disclosure of information to D & J Home Care, Inc., I hereby waive that obligation and

expect no written notice of disclosure of my personal information. I also understand that because of the nature of my job and licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of the Department of Human Services, Department of Community Health, local community mental health entities or other governmental agencies, for all licensing or investigator purposes and to verify information I have listed in this job application. I hereby release D & J Home Care, Inc., the Department of Human Services, Department of Community Health, local community mental health entities and other governmental agencies or private agencies from all claims, liability and damages that may result from providing the information to you.

I certify that all of the information provided on this application is true, complete and correct. I further understand and agree that any falsification, misrepresentation or omission of fact on this

application or in any interviews or pre-employment process are grounds for disqualification for consideration for employment or termination of employment if the discovery is made after employment begins.

**At-Will Status**

In consideration of my employment, I agree to abide by the policies, rules and regulations of D & J Home Care, Inc. I understand and agree that my employment and compensation are for no definite period and, may, regardless of the time and manner of my wages or salary, be terminated at-will with or without cause and with or without notice at any time, at the sole discretion of D & J Home Care, Inc. or myself.

***I have read and understand the Applicant's Acknowledgment and Authorization. Unless expressly noted above, I hereby give consent to any and all prior employers of mine to provide information with regard to my employment with prior employers to the Company.***

Applicant's signature	Applicant's printed name	Today's date

