

Trimble Home Care

Application of Employment

Today's Date: Month: _____ Day: _____ Year: _____

Personal Information and Availability

Last Name _____ First Name _____ Middle Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Employment History and Work References

Date: From _____ to _____ Employer/Client _____

Name: _____ Phone _____

Address: _____ City _____

State _____ Zip Code _____

Job Title _____ Supervisor _____

Describe your Duties

Reason you left

Date: From _____ to _____ Employer/Client _____

Name: _____ Phone _____

Address: _____ City _____

State _____ Zip Code _____

Job Title _____ Supervisor _____

Describe your Duties

Reason you left

Date: From _____ to _____ Employer/Client _____

Name: _____ Phone _____

Address: _____ City _____

State _____ Zip Code _____

Job Title _____ Supervisor _____

Describe your Duties

Reason you left

Explain any gaps of employment over 6 months: _____

Other References

Year known _____ (Please do not list relatives or friends.)

Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

Relationship to Applicant _____

Year known _____ (Please do not list relatives or friends.)

Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

Relationship to Applicant _____

Year known _____ (Please do not list relatives or friends.)

Name _____ Phone _____

Address _____ City _____

State _____ Zip Code _____

Relationship to Applicant _____

Date of Birth _____ Date Available to work: _____

Are you eligible to work in the U.S? No Yes
(All new hires will be required to provide proof of eligibility to work in U.S)

Are you a CNA? No Yes Expiration Date? _____ Car Available? No Yes

Are you a HHA? No Yes Expiration Date? _____

Available to work holidays? No Yes

Indicate Range of Hours Available each Day (Am/PM):

Mon. _____ Tues. _____ Wed. _____ Thu. _____ Fri. _____ Sat. _____ Sun. _____

What kind of work are you interested in? Companion Homemaker Personal Care Live In
 Alzheimer's Care (check all that apply)

Education

High School/ Technical School _____ Location _____

Date Attended _____ to _____

Grad School _____ Location _____

Date Attended _____ to _____

Other Training / Education _____ Location _____

Date Attended _____ to _____

Emergency Contact: Print Name: _____ Phone: _____

Background and Certification

1. How did you hear of Trimble Home Care? _____
2. Have you ever cared for an elderly or disabled person? Please explain: _____
3. Have you ever worked for Trimble Home Care LLC, before? No Yes

If yes, Start Date _____ End Date? _____ Supervisor's name _____

4. Have you ever been discharged by a prior employer. No Yes If yes please state name of employer and the reason: _____
5. Have you ever been convicted of a crime in any state? No Yes If you answered yes, please provide additional information below: _____
6. Have you ever been subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction No Yes if you answered yes, please provide additional information below: _____.

Complete the entire application. You may attach your resume, but you must still complete all questions. Incomplete applications will not be considered for any position.

Trimble Home Care, LLC is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of medical condition or disability, or any other legally protected status, except in cases of bona fide occupational qualification.

I CERTIFY THAT THE STATEMENT MADE BY ME ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND ARE MADE IN GOOD FAITH I UNDERSTAND THAT IF KNOWINGLY MAKE ANY MISSTATEMENT OF FACT, I AM SUBJECT TO DISQUALIFICATION AND DISMISSAL AND TO SUCH OTHER PENALTIES AS MAY PRESCRIBED BY LAW OR EMPLOYMENT AGENCY POLICY AND PROCEDURE.

Type your full name in this box

Date: _____ - _____ 2016

Trimble Home Care LLC
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CT DCP Registration # HCA 0001082