



SHALOM HOME AND COMMUNITY CARE SERVICES , LLC
Leading the way in care and comfort

APPLICATION FOR EMPLOYMENT

Last Name:	First Name:	Middle Name:
Date of Birth:	SSN:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

Work Eligibility Requirements:

Are you Legally Eligible for Employment in this country?

Yes No

Will you require sponsorship from the company?

Yes No

I am applying for a position as a

LPN STNA HHA Caregiver-Non-certified

Type of Employment Desired:

Full Time Part Time On-call Live-In Shift

Rate of Pay Expected Per Hour:

Date available to start work:

Number of hours you would like to work per week

Days/Times you are available to work

Any times *not* available to work?

Can you be called at the last minute in case of emergency?

yes no

Comments:

If considered for employment, will you agree to provide a Criminal Background Check?

yes no

Have you ever been convicted of a felony?

yes no

If yes, please provide details

Transportation:

Many caregiver positions require the caregiver to transport a client.

Do you have dependable transportation?

yes no

Make and model car

Driver license #

License plate #

Auto insurance policy #

Insurance company name:

Insurance agent name:

Insurance agent phone:

Education:

High school:

City/State:

Did you graduate? Y/N

College:

City/State:

Major of study

Other:

City/State:

Field of study

Degrees/certificates:

Do you have the Following or Will you be able to obtain before hire?

CPR/First Aid: yes no

TB Test: yes no

Covid Vaccination card/exemption letter: yes no

Experience

Discuss any training or experience working with the elderly/ people with disability

What would you like most about working with the elderly/ people with disability?

What would you like least about working with the elderly/people with disability?

Skills											
Please indicate whether you have assisted with or performed the following tasks for seniors.											
Companionship	<input type="checkbox"/> Y	<input type="checkbox"/> N	Vacuuming	<input type="checkbox"/> Y	<input type="checkbox"/> N	Laundry	<input type="checkbox"/> Y	<input type="checkbox"/> N			
Bathing/ dressing	<input type="checkbox"/> Y	<input type="checkbox"/> N	Dusting	<input type="checkbox"/> Y	<input type="checkbox"/> N	Grocery shopping	<input type="checkbox"/> Y	<input type="checkbox"/> N			
Grooming	<input type="checkbox"/> Y	<input type="checkbox"/> N	Clean bathrooms	<input type="checkbox"/> Y	<input type="checkbox"/> N	Cooking	<input type="checkbox"/> Y	<input type="checkbox"/> N			
Incontinence	<input type="checkbox"/> Y	<input type="checkbox"/> N	Clean kitchen	<input type="checkbox"/> Y	<input type="checkbox"/> N	Driving	<input type="checkbox"/> Y	<input type="checkbox"/> N			
Transfer assist	<input type="checkbox"/> Y	<input type="checkbox"/> N	Bed linen changes	<input type="checkbox"/> Y	<input type="checkbox"/> N	Medication reminders	<input type="checkbox"/> Y	<input type="checkbox"/> N			

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.		
May we contact your current /previous employer? <input type="checkbox"/> yes <input type="checkbox"/> no		
Company	From	To
Job title	Reason for leaving	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason for leaving	
Duties		
Supervisor	Phone	
Company	From	To

Job title		Reason for leaving	
Duties			
Supervisor		Phone	
Company	From	To	
Job title		Reason for leaving	
Duties			
Supervisor		Phone	

References			
Name:	Address:	Relationship/Years Known	Phone # Email:
Name:	Address:	Relationship/Years Known	Phone # Email:
Name:	Address:	Relationship/Years Known	Phone # Email:

Emergency Contact	
Name:	Phone:
Address:	Relationship:
Name:	Phone:
Address:	Relationship:

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on 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.

Signature	Date
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