



APPLICATION FOR EMPLOYMENT

Homecare, Inc. dba Homewatch CareGivers
PO Box 20886
Boulder, CO 80308-3886
www.HomewatchBoulder.com

Please return to: Homewatch CareGivers, PO Box 20886 Boulder CO 80308-3886

DATE: _____

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, Age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Personal Information

Name Last First M.I. Soc. Sec.# [grid]

Address Street City State Zip

Home Phone # Cell Phone #

Email (will only be used by the Homewatch CareGivers office staff)

Are you over the age of 18? Are you legally authorized to work in the U.S.?

Have you ever been convicted of a crime? Yes / No If yes, explain

Are you the subject of any pending criminal proceeding? Y N If yes, explain

Have you ever worked for or applied for a position with Homecare, Inc. and/or HOMEWATCH?

Upon offer of employment, in order to complete your background check you will be required to provide your date of birth, previous name(s), previous addresses for the past 5 years, and driver's license number. Employment will be contingent upon the results of criminal background check and driving record.

Position Desired Date you can start

Are you able to fill positions that are overnight? Desired Wage

Education

High School Name & Location Diploma received?

College or Post High School Education Name & Location Degree received?

Degree Major and Minor

Qualifications

Subjects of Special Study

What foreign Languages do you speak fluently?

Do you have any of the following current licenses/certifications: C.N.A. QMAP CPR First Aid

When was your last T.B. Test?

Are you able to perform the following job duties? Please check off each that you are, circle any that you are NOT able to do. (This will not necessarily disqualify you from employment.)

- Housekeeping (example: vacuum, sweep/mop, clean bathroom)
Assist with personal care (help with shower, incontinence)
Assist with pivot transfer
Preparing Meals
Reposition client in bed
Assist with full transfer
Household lifting (example: carrying groceries, laundry)
Assist client with mobility, standby assist
Transport clients in own car

Do you drive? Do you have reliable access to a car? Do you have a valid driver's license?
Is that car covered under liability insurance as required by law? Insurance Provider

Employment Record

List the names of all employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. Fill out an additional application if needed. If self-employed, give your firm name and supply business references.

Name of Employer _____ Phone _____
Address _____ Dates Employed: From _____ To _____
Duties _____ Job Title _____ Salary _____
Reason for Leaving _____ Supervisor _____

Name of Employer _____ Phone _____
Address _____ Dates Employed: From _____ To _____
Duties _____ Job Title _____ Salary _____
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Name of Employer _____ Phone _____
Address _____ Dates Employed: From _____ To _____
Duties _____ Job Title _____ Salary _____
Reason for Leaving _____ Supervisor _____

Are you employed now? _____ Can we call current employer? _____ Supervisor _____
Name _____ Address _____ Phone _____

Professional References (Persons with whom you've worked in the past)

Name _____ Phone _____
Address _____ Years known _____

Name _____ Phone _____
Address _____ Years known _____

Name _____ Phone _____
Address _____ Years known _____

In case of emergency notify: _____
Name Address Phone

OFFICE USE ONLY

REFERENCE CHECK COMPLETED: SIGN _____ DATE _____

Statement Regarding Caregiving History, Waiver and Release of Information

I attest that I, the applicant, have never abused, neglected, sexually assaulted, exploited or deprived any person nor have I subjected any person to serious injury as a result of intentional or grossly negligent misconduct.

I certify that the facts contained in this application form and/or my resume are true and complete to the best of my knowledge, and understand that Subsequent to any employment any such statement and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the termination of my employment.

I empower you and your agents, to retrieve information from all personnel, education institutions, government agencies, companies, corporations, law enforcement agencies at the federal, state, or county, relating to my past activities, to supply any and all information concerning my background, and release the same from any liability resulting in providing such information. The Information received may include, but is not limited to academic, residential, achievement, job performance, attendance, litigation personal history, credit reports, driving history, disciplinary and convictions records. I authorize Homecare, Inc. to share information on me, including my employment record, background check, and TB test results, upon request of any client with whom I am scheduled.

By my signature below, I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any liability for damages for whatever kind, which may at the time result to me, because of compliance with this authorization and request to release information or any attempt to comply with it.

I understand that I may be required to successfully pass a drug screening test. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

Date _____ Signature _____