



Great to be Home Care

APPLICATION FOR EMPLOYMENT

Applications for employment are considered without regard to race, color, sex, religion, age, national origin, marital status, or the presence of a non-job related medical condition or disability in compliance with all Federal and State equal opportunity laws.

Date Available _____ Total Hrs/Wk. Available _____ Are you laid off or subject to recall __Y __N

POSITION STATUS (Please Check)

Full Time _____ Part Time _____ Temporary _____ Per-Diem _____ On Call _____

Days & Hours Available

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

SALARY DESIRED: _____

PERSONAL DATA

Name: _____ Soc. Sec #: _____ - _____ - _____
Last First MI

Present Address: _____ Tel #: _____
Street City State Zip

Person to contact in an emergency: _____ Tel #: _____

Are you a U.S. citizen? Yes ___ No ___ if no, type of Visa: _____ Alien Reg. #: _____

Date of Birth if under 18: _____

Have you ever been convicted of a felony? Yes ___ No ___

If Yes, Give particulars:

In what capacity: _____

Have you ever been employed here before? Yes ___ No ___ if yes, when: _____

Have you ever filled an applications here before? Yes ___ No ___ if yes, when: _____

How did you happen to apply? (Paper/Person) _____

Drivers license: Yes ___ No ___ # _____ Exp Date: ___/___/___

Can you travel if job requires? Yes ___ No ___

MILITARY DATA

Have you ever had U.S. Military experience? Yes ___ No ___ Branch? _____

Rank at discharge _____

EDUCATIONAL DATA (if information is on resume, this section may be omitted.)

SCHOOL	NAME & ADDRESS	CHECK LAST YEAR COMPLETED	YEAR & DEGREE
High School		1 - 2 - 3 - 4	
College		1 - 2 - 3 - 4	
Other		1 - 2 - 3 - 4	

PERSONAL REFERENCES

Name	Business or Home Address	Telephone #	Occupation	Years Known
1.				
2.				
3.				

EMPLOYMENT RECORD (List Present or most Recent employer first. Volunteer work may be included)

Employer Name, Address & Tel. #	Date Employed	Position	Salary
Describe your duties	Supervisor's name & title	Reason for leaving	May we contact employer? Yes _____ No _____
Employer Name, Address & Tel. #	Date Employed	Position	Salary
Describe your duties	Supervisor's name & title	Reason for leaving	May we contact employer? Yes _____ No _____
Employer Name, Address & Tel. #	Date Employed	Position	Salary
Describe your duties	Supervisor's name & title	Reason for leaving	May we contact employer? Yes _____ No _____

Additional skills or qualifications other than work experience that should be considered:

Do you speak, read, or write a foreign language? Yes ___ No ___

MEDICAL DATA

Date of last physical exam: _____ Results: _____

Date of last TB test: _____ Results: _____

Would lifting patients be a problem for you? Yes ___ No ___

Have you any commitments that will prevent you from meeting our work attendance requirements?

Yes ___ No ___ is yes, explain: _____

CERTIFICATION / LICENSE

Professional: ___RN ___RPT ___ST ___OT ___Other
Reg/License: ___ Yes ___No ___State ___ Reg/License #: _____ Exp. Date: _____
HCA Certificate ___Yes ___No Date: _____
Homemaker or PCA Training Certificate: ___Yes ___No Date: _____

EMPLOYMENT AGREEMENT

Please indicate your agreement with each of the following paragraphs by checking the corresponding box.

- I understand that if I fail to report to an assignment or client and I neglect to give proper notification, I may be terminated.
- Upon termination, I authorize the release of reference information regarding my work. I further agree to give proper notice of termination in order to be eligible for Earned Time accrued.
- It is my understanding that this employment application, or grant of an oral interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without just cause, at any time by my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this agency.
- I certify that the information on this application is true, complete, and correct. I authorize the Great to be Home Care, Inc. to investigate my past employment, education, (without important omissions of any kind), activities, character, and qualifications and I release from liability all persons, companies, and corporations supplying such information. I certify that all statements and answers to questions regarding my health are true and were made without reservation. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial or employment discharge.
- It is my understanding that a CORI (Criminal Offender Record Information) check will be requested for all potential qualified in-home care providers and performed by the Criminal History System Board as the final step in our screening process prior to employment.

Indicate below if any of your references and/or registrations are under a different name.

Name(s): _____

Signed: _____ Date: _____

APPLICANT REFERENCE VERIFICATION FOR EMPLOYMENT

To: Name of former employer: _____ Supervisor: _____ Address: _____ City: _____ State: _____ Zip: _____ Tel. _____ Fax: _____	Great to be Home Care, Inc. 2024 Westover Road, Suite 102 Chicopee, MA 01022 Tel. #: (413)593-6962/Fax:(413)593-6960 Person Requesting Reference: Name: _____ Title: _____
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I, _____ S.S. # ____/____/____ have applied for employment with Great to be Home Care, Inc. for the position as a _____.

I hereby authorize the release of all information pertaining to my employment with you. Your prompt reply will be greatly appreciated.

Thank You for assistance.

Signature

Date

-----TO BE COMPLETED BY FORMER EMPLOYER-----

Position held: _____ **Employed from:** _____ **To:** _____

Reason for leaving: _____

Would you rehire? Yes ____ **No** ____

If no, why not? _____

EVALUATION	EXCELLENT	GOOD	FAIR	POOR
PERFORMANCE				
RELIABILITY				
COOPERATION				
QUALITY OF WORK				
ATTITUDE				
APPERANCE				
ATTENDENCE				

OTHER COMMENTS: _____

Information supplied by

Title: _____

Date: _____

PERSONAL REFERENCE

NAME:

ADDRESS:

PLEASE WRITE BELOW A BRIEF PERSONAL REFERENCE, AND RELEASE INFORMATION TO:

**Great to be Home Care, Inc
2024 Westover Road, Suite 102
Chicopee, MA 01022**

Signature (Applicant)

Date

PERSONAL REFERENCE

NAME:

ADDRESS:

PLEASE WRITE BELOW A BRIEF PERSONAL REFERENCE, AND RELEASE INFORMATION TO:

**Great to be Home Care, Inc
2024 Westover Road, Suite 102
Chicopee, MA 01022**

Signature (Applicant)

Date
