



**JOB-EMPLOYMENT APPLICATION for DIRECT CARE WORKER**

<b>Personal Information</b>	
<b>Name</b>	First _____ 2 <sup>nd</sup> Initial _____ Last: _____
<b>Address</b>	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
<b>Phone</b>	Home: _____ Cell: _____ Other: _____
<b>Electronic</b>	Email Address: _____
<b>Date of Birth</b>	Day: _____ Month: _____ Year: _____
<b>SIN</b>	Social Insurance Number: _____
<b>Gender</b>	Male: _____ Female: _____
<b>Language</b>	What languages do you speak? _____ _____
<b>Emergency Contact</b>	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
<b>Education</b>	
<b>Formal</b>	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____



<b>Informal</b>	Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ <div style="text-align: center;">(Specify)</div> Other: _____ <div style="text-align: center;">(Specify)</div>		
<b>Restrictions</b>			
<b>Work Limitations</b>	List any work limitations that you may have and briefly describe: Hearing:    ___ Yes    ___ No _____ Speech:    ___ Yes    ___ No _____ Lifting:     ___ Yes    ___ No _____ Health:     ___ Yes    ___ No _____ Physical:   ___ Yes    ___ No _____ Emotional: ___ Yes    ___ No _____ Other:      ___ Yes    ___ No _____		
<b>Availability for Work</b>			
<b>Hours &amp; Days Available for Work</b>	_____ Full-time    _____ Part-time    _____ Short-notice    _____ Split Shift Indicate Days and List Hours Available for Work: _____ Sunday:       From: _____ To: _____ _____ Monday:       From: _____ To: _____ _____ Tuesday:       From: _____ To: _____ _____ Wednesday:     From: _____ To: _____ _____ Thursday:       From: _____ To: _____ _____ Friday:         From: _____ To: _____ _____ Saturday:       From: _____ To: _____ What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day? _____		
<b>Type of Work Seeking</b>			
<b>Type of Position(s) Preferred</b>	_____ Home Maker    _____ Personal Care    _____ Companion    _____ Live-In _____ Other: _____ <div style="text-align: center;">(Specify)</div> Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: _____ Weekdays (Monday a.m. to Friday a.m.)    _____ Weekends: (Friday a.m. to Monday a.m.)		
<b>Clients Not Willing/Able to Work With</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">                             _____ Dementias/Alzheimer's                              _____ Smokers                              _____ Mental Retardation                              _____ Behavioral Disorders                              _____ Elderly (over 65)                              _____ Children                         </td> <td style="width: 50%; border: none;">                             _____ Physical Disabilities                              _____ Pets                              _____ Females                              _____ Males                              _____ Client use of marijuana for medicinal purposes                              _____ HIV Positive/Aids                         </td> </tr> </table>	_____ Dementias/Alzheimer's _____ Smokers _____ Mental Retardation _____ Behavioral Disorders _____ Elderly (over 65) _____ Children	_____ Physical Disabilities _____ Pets _____ Females _____ Males _____ Client use of marijuana for medicinal purposes _____ HIV Positive/Aids
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	_____ Other: _____ (Specify)																		
<b>Duties Not Willing/Able to Perform</b>	<table border="0"> <tr> <td>_____ Bathing</td> <td>_____ Housekeeping</td> </tr> <tr> <td>----- Grooming</td> <td>_____ Laundry</td> </tr> <tr> <td>_____ Oral Care</td> <td>_____ Meal Preparation</td> </tr> <tr> <td>_____ Dressing</td> <td>_____ Shopping</td> </tr> <tr> <td>_____ Bowel Care</td> <td>_____ Transportation</td> </tr> <tr> <td>_____ Bladder Care</td> <td>_____ Medication Reminding</td> </tr> <tr> <td>_____ Feeding</td> <td>_____ Friendly Reassurance Phone Call/Home Visit</td> </tr> <tr> <td>_____ Ambulation</td> <td>_____ Other _____</td> </tr> </table>	_____ Bathing	_____ Housekeeping	----- Grooming	_____ Laundry	_____ Oral Care	_____ Meal Preparation	_____ Dressing	_____ Shopping	_____ Bowel Care	_____ Transportation	_____ Bladder Care	_____ Medication Reminding	_____ Feeding	_____ Friendly Reassurance Phone Call/Home Visit	_____ Ambulation	_____ Other _____		
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<b>Experience</b>	Indicate which of the following you have experience in: <table border="0"> <tr> <td>_____ Bathing/Showering</td> <td>_____ Housekeeping</td> </tr> <tr> <td>----- Grooming</td> <td>_____ Laundry</td> </tr> <tr> <td>_____ Personal Hygiene</td> <td>_____ Meal Preparation</td> </tr> <tr> <td>_____ Dressing</td> <td>_____ Shopping</td> </tr> <tr> <td>_____ Bowel Care</td> <td>_____ Transportation</td> </tr> <tr> <td>_____ Bladder Care</td> <td>_____ Medication Reminding</td> </tr> <tr> <td>_____ Feeding</td> <td>_____ Friendly Reassurance Phone Call or Home Visit</td> </tr> <tr> <td>_____ Ambulation</td> <td>----- Socialization</td> </tr> <tr> <td>_____ Toileting</td> <td>_____ Other _____</td> </tr> </table> (Specify)	_____ Bathing/Showering	_____ Housekeeping	----- Grooming	_____ Laundry	_____ Personal Hygiene	_____ Meal Preparation	_____ Dressing	_____ Shopping	_____ Bowel Care	_____ Transportation	_____ Bladder Care	_____ Medication Reminding	_____ Feeding	_____ Friendly Reassurance Phone Call or Home Visit	_____ Ambulation	----- Socialization	_____ Toileting	_____ Other _____
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<b>Assignment Location</b>	Are you restricted in the geographical location you are willing/able to work? ___Yes ___No Explain: _____																		
<b>Transportation</b>																			
<b>Type</b>	_____ Private Vehicle _____ Bus _____ Bike _____ Other: _____ (Specify)																		
<b>Driver's License</b>	Do you have a valid Driver's License? _____																		
<b>Transporting Clients</b>	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____																		
<b>Abuse Investigation</b>																			
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: ___Yes___ No _____ _____																		



<b>Reference Information</b>	
<b>Work Related #1 (Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #2 (2<sup>nd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Work Related #3 (3<sup>rd</sup> Last Position)</b>	Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____
<b>Personal #1</b>	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship ( <i>friend, co-worker, family etc.</i> ) _____ ( <i>Other than relative.</i> )
<b>Personal #2</b>	Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship ( <i>friend, co-worker, family etc.</i> ) _____ ( <i>Other than relative.</i> )

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required.



Additionally, I authorize former employers, references and any other individual/organizations to provide information to **Helping Hands Home Healthcare** and I hereby release and discharge any of the above and **Helping Hands Home Healthcare** from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions may be conditional upon successful completion of a substance abuse screening test and a criminal background check

If further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

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Applicant's Signature

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Date