



## EMPLOYMENT APPLICATION

For Private Care Agency

<b>NAME (Last, First)</b>		<b>Social Security #</b>	<b>Date of Birth</b>	<b>Application Date</b>
<b>Mailing Address</b>		<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Home Phone #</b>	<b>Cell Phone #</b>	<b>Other Phone #</b>	<b>Email Address</b>	
<b>Desired Start Date</b>	<b>Are you over 18?</b>	<b>How did you hear about Walk With Us Home Care?</b>		
	YES      NO	<b>Have you ever worked for Walk With Us Home Care?</b>		YES      NO
<b>Emergency Contact Name</b>	<b>Relationship</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>	
<b>Emergency Contact Name</b>	<b>Relationship</b>	<b>Home Phone #</b>	<b>Cell Phone #</b>	
1. Do you have the legal right to work in the United States for any employers?		<b>YES</b>	<b>NO</b>	
2. How many years have you lived in Arkansas without living in another state?  _____ years/ _____ months				
3. Have you ever been convicted for any violations of the law?		<b>YES</b>	<b>NO</b>	
Have you been convicted of a misdemeanor or felony?		<b>YES</b>	<b>NO</b>	
Are there any pending charges against you?		<b>YES</b>	<b>NO</b>	
If "Yes" to any of the 3 questions above, please list the crime, conviction date, and location:				
<i>A conviction will not necessarily prevent you from being hired. However, failure to disclose a conviction or a pending conviction is called, "Non-Disclosure" will prevent you from being considered for employment.</i>				
4. Do you have a valid driver's license?		<b>YES</b>	<b>NO</b>	
Driver's License #: _____ Expiration Date: _____				
5. Do you have automobile insurance?		<b>YES</b>	<b>NO</b>	
Expiration Date: _____				
Name & Location of Insurance Company: _____				

# EDUCATION & TRAINING

School/Training	Name & Location	Course of Study	Years Attended	Degree/Certificate
High School				
Vocational				
College				
Other				

Please list any special skills and/or training you have had that will help you perform in this line of work:

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Why do you want to work for Walk With Us Home Care, LLC?

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# SKILLS ASSESSMENT

*If you have questions about any of the following home care duties, please ask for more information.*

Are you able and/or willing to perform these home care tasks/duties?					
Ambulation	YES	NO	Meal Preparation	YES	NO
Assistance w/ Travel	YES	NO	Medication Reminders	YES	NO
Bathing	YES	NO	Personal Hygiene	YES	NO
Body Care	YES	NO	Positioning	YES	NO
Dressing	YES	NO	Shopping/ Errands	YES	NO
Eating (assistance w/eating)	YES	NO	Supervision	YES	NO
Grooming	YES	NO	Toileting	YES	NO
Housework	YES	NO	Transferring	YES	NO
Laundry	YES	NO	Telephone Assistance	YES	NO
Meal Planning/ Diets	YES	NO	Companionship	YES	NO
Diaper Change	YES	NO	Perineal Care	YES	NO

Please explain any experiences that you have had with individuals who have disabilities:

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# EMPLOYMENT HISTORY

<b>Employer (present or most recent)</b>		<b>Telephone</b>		<b>Address</b>	
<b>Position</b>		<b>Supervisor</b>		<b>Reason for Leaving</b>	
<b>Date of Employment</b>		<b>Starting Salary</b>		<b>Final Salary</b>	
From:            To:					
				YES            NO	
<b>Describe your duties (It is important to be specific and through.)</b>					
_____					
_____					
_____					
_____					
<b>Employer (previous)</b>		<b>Telephone</b>		<b>Address</b>	
<b>Position</b>		<b>Supervisor</b>		<b>Reason for Leaving</b>	
<b>Date of Employment</b>		<b>Starting Salary</b>		<b>Final Salary</b>	
From:            To:					
				YES            NO	
<b>Describe your duties (It is important to be specific and through.)</b>					
_____					
_____					
_____					
_____					
<b>Employer (previous)</b>		<b>Telephone</b>		<b>Address</b>	
<b>Position</b>		<b>Supervisor</b>		<b>Reason for Leaving</b>	
<b>Date of Employment</b>		<b>Starting Salary</b>		<b>Final Salary</b>	
From:            To:					
				YES            NO	
<b>Describe your duties (It is important to be specific and through.)</b>					
_____					
_____					
_____					
_____					

**References- Please list three references not related to you.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**ADDITIONAL INFORMATION**

**What qualifications and skills make you a good candidate for this position?**


*I certify that the information provided by me in this application is complete truthful and accurate to the best of my knowledge. I understand and agree that my failure to provide complete, truthful and accurate information on this application may result in denial of employment, or, if already employed immediate termination. I understand that may continuous employment may be contingent upon passing for illegal drugs, a health review physical, proof of employment eligibility and/or reference and criminal background check. I authorize Walk With Us Home Care, LLC and its personnel to contact any and all references I have listed on this application for relevant information and release all such persons from all claims, liabilities and damages for whatever reason arising out of furnishing and information. If I am employed, I agree to conform to the rules and regulations of Walk With Us Home Care, LLC. I understand that Walk With Us Home Care, LLC is an equal opportunity employer and that all applicants will receive consideration or employment regard to race, religion, political affiliation, color, gender, age, national origin, disability, marital status, or veteran status.*

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Day

<FOR OFFICE USE ONLY>

Skill Level:	Low	Medium	High	Orientation Date:
Skill Proficiency:	Low	Medium	High	_____
PCA/CNA/LPN:	Yes	No		Reference Checked on:
DL/Insurance:	Yes	No		_____
				Date of Hire:
				_____
				Starting Salary:
				_____

Employer Comments:

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