BEST OF CARE
Home Care

304 W 22nd St Chester, PA 19013
bestofcare1984@gmail.com
800-327-0087

Employment Application Form

Date: _____

Name: _____
First Middle Last

Address: _____
Street Code City State ZIP/Postal

Telephone: _____ **Cell Phone:** _____

Email Address: _____ **How did you hear about us:** _____

Types of employment desired: _____ **Please specify days and hours available:** _____

Position applied for: _____ ◯ Full-time ◯ Part-time ◯ PRN

Currently hourly rate $ _____ **Desired pay per hour $** _____

Are you legally eligible to work in the US? ◯ Yes ◯ No

Are you available to work Call Outs, if needed? ◯ Yes ◯ No

Have you ever been employed at our company? ◯ Yes ◯ No

If yes, when? _____ **Why did you leave?** _____

_____

Do you have any friends or family employed at this location? ◯ Yes ◯ No

FYI: Conviction will not be a deciding factor in continuing the pre-screening process or potential employment opportunities.

Have you been convicted of a crime in the last seven (7) years? ◯ Yes ◯ No

If yes, explain:

During the hiring process, do you agree to provide a criminal background check? ◯ Yes ◯ No

During the hiring process, do you agree to provide a Motor Vehicle Record? ◯ Yes ◯ No ◯ NA

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List previous educational history

Institution	Field of study	Graduated
_____	_____	◯ Yes ◯ No
_____	_____	◯ Yes ◯ No
_____	_____	◯ Yes ◯ No

Documents	Current	Expires
CNA Certification	◯ Yes ◯ No	_____
CPR/First Aid	◯ Yes ◯ No	_____
Driver's License	◯ Yes ◯ No	_____
TB Screening	◯ Yes ◯ No	_____

What do you think is the most difficult part of caregiving or customer service work?

_____

Ms. Jackson ask you to apply BENGAY muscle rub on her back, what would you do?

_____

In what situations do we provide services not listed in the SERVICE/CARE PLAN?

_____

What is DNR?

_____

Why is it important to work within your scope or job description?

_____

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Employment Background

List your employers beginning with your recent employer.

Employer Name: _____ **Phone:** _____ **From:** _____ **To:** _____

Address: _____ **Starting Hourly Rate: $** _____

Job Title: _____ **Final Hourly Rate: $** _____

Responsibilities:

Supervisor Name/Phone: _____ **May we call to verify?:** _____

Reason for Leaving:

Employer Name: _____ **Phone:** _____ **From:** _____ **To:** _____

Address: _____ **Starting Hourly Rate: $** _____

Job Title: _____ **Final Hourly Rate: $** _____

Responsibilities:

Supervisor Name/Phone: _____ **May we call to verify?:** _____

Reason for Leaving:

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Employer Name: _____ **Phone:** _____ **From:** _____ **To:** _____

Address: _____ **Starting Hourly Rate: $** _____

Job Title: _____ **Final Hourly Rate: $** _____

Responsibilities:

Supervisor Name/Phone: _____ **May we call to verify?:** _____

Reason for Leaving:

Employer Name: _____ **Phone:** _____ **From:** _____ **To:** _____

Address: _____ **Starting Hourly Rate: $** _____

Job Title: _____ **Final Hourly Rate: $** _____

Responsibilities:

Supervisor Name/Phone: _____ **May we call to verify?:** _____

Reason for Leaving:

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References: List the name, relationship, number of years acquainted , and phone number of three references. (No relatives please)

Name	Relationship	Years Acquainted	Phone Number

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 consumers 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 understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. 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.

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, national origin, ancestry, veteran status, medical condition, sexual orientation, marital status or any other characteristic protected by applicable state or federal civil rights laws.

Applicant's Signature: _____ **Date:** _____