A logo for a home care agency

Description automatically generated**Caregiver Employment Application Form**

**NOTE: Applicants may be tested for illegal drugs.**

**Personal Information**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**PLEASE COMPLETE ALL QUESTIONS, PAGES 1-4** **Date:**

**Name: Present Address:**

**Last:**

**Street:**

**First:** **Middle:**

City: State: **Zip:**

How long at this address? Social Security No.: - -

Home Phone: ( ) - Business Phone: ( ) - Cell Phone: ( ) -

Please list age (if under 18):

Position applied for:

**Have you ever applied here before** Yes\_\_\_\_\_ No\_\_\_\_\_

Salary range desired:

Please indicate the days and times you are available to work:  Anytime

Thr – From: To: Mon – From: To: Fri – From: To: Tue – From: To: Sat – From: To: Wed – From: To: Sun – From: To:

How many hours can you work weekly? Are you available to work nights?  Yes  Some  None

Are you available to work weekends?  Yes  Some None Would you consider live-in?  Yes  No

Employment desired: PART-TIME ONLY FULL- OR PART-TIME FULL-TIME ONLY

Are you legally authorized to work in the US?  Yes No

Where did you hear about us?

When are you available to start work?

Email address:

Education Information

TYPE OF SCHOOL NAME OF SCHOOL

High School

LOCATION (City, State)

NUMBER OF YEARS MAJOR & COMPLETED DEGREE

College

Bus. Or Trade School

Professional School

Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (A conviction will not necessarily result in the denial of employment):

Have you ever worked under a different name?

If YES, what was it and what was the reason?

Do you have any relatives or friends that work for the Company?

If YES, what is their name?

 Yes  No

 Yes  No

In Case of Emergency, Please Contact Name:

Home Phone:

Relation: Business Phone:

A logo for a home care agency

Description automatically generated**APPLICATION FOR EMPLOYMENT (Continued)**

**Page 2 of 4**

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**Driving Information**

Do you have a driver’s license?  Yes  No Do you have active auto insurance?  Yes  No

Do you have a car?  Yes  No

Driver’s License No.:

If NO, how would you get to work?

State of Issue: Expiration Date:

Have you had any accidents during the past three years?

Have you had any moving violations during the past three years?

 No  Yes  No  Yes

How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How Many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Personal Reference Information**

List two personal references. **DO NOT LIST relatives or previous supervisors.**

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

 Friend Co-worker Teacher  Pastor  Current Client Former Client

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone where the person can be reached 9a – 5p.

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Friend Co-worker Teacher  Pastor  Current Client Former Client

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone where the person can be reached 9a – 5p.

(\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children, or friends. Use additional sheets, if necessary.

Why do you enjoy caregiving?

**Describe some of your volunteer work:**

Please check any Certification(s) you currently process:  Certified Nursing Assistant

 Certified Medicine Aide

 Geriatric Nursing Assistant

 Medication Technician

 CPR certification

First Aid Certification

 CIJIS Report

A logo for a home care agency

Description automatically generated**APPLICATION FOR EMPLOYMENT (Continued)** Page 3 of 4

**PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE**

**Work Experience**

Please list **at least two** of your work experiences for the past five years **beginning with your most recent job held. If you are self-employed, give the company name.** Attach additional sheets if necessary.

Name and address of employer:

Phone number:

Reason for leaving (be specific):

Name of last supervisor

Your Last Job Title:

Employment dates

From:

To:

Pay or salary.

Start:

Final:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:

May we contact your present employer?  Yes  No

**If NO, Please Explain Why and Please Provide Us with Another Work Reference:**

Name and address of employer:

Phone number:

Reason for leaving (be specific):

Name of last supervisor

Your Last Job Title:

Employment dates

From:

To:

Pay or salary.

Start:

Final:

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:

May we contact this employer?  Yes  No

**If NO, Please Explain Why and Please Provide Us with Another Work Reference on a Separate Sheet:**

Skill Information

How would you rate yourself on your experience with the following aspects of caregiving?

1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience

Companionship

Meal Preparation

Light Housekeeping

Bathing / Showering

Dressing / Grooming

Transferring

 1  2  3  4

 1  2  3  4

 1  2  3  4

 1  2  3  4

 1  2  3  4

 1  2  3  4

Incontinence Care

Dementia / Alzheimer’s Care

Comments

 1  2  3  4

 1  2  3  4

**PLEASE READ CAREFULLY**

**APPLICATION FORM WAIVER**

**Page 4 of 4**

In exchange for the consideration of my job application by Freeman Home Care Agency LLC

(Hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Freeman Home Care Agency LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Freeman Home Care Agency LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise its benefits, policies, and procedures and such changes may include a reduction in benefits.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment, and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

**I hereby release all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any cause of action I might otherwise have against such employer arising out of the provision of information concerning my employment.**

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

**Signature of applicant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Freeman Home Care Agency LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**Please return this application to our office at your earliest convenience.**

A logo for a home care agency

Description automatically generated

**250 Windy Hill Road 367 Main Street**

**Suite 120 Laurel, MD 20707**

**Marietta, GA 30060 301-532-9112**

**770-435-6965 770-435-4949 (F)**

**770-435-4949 (FAX)**

A logo for a home care agency

Description automatically generated**Authorization And Release for The Procurement of a Consumer And/or Investigative Consumer Report**

**(PLEASE PRINT OR TYPE)**

I, the undersigned consumer, do hereby authorize Freeman Home Care Agency LLC by and through its independent contractor, **ADP**, to procure a consumer report and/or investigative consumer report on me.

These above-mentioned reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living, discerned through employment and education verifications; personal references; personal interviews; my personal credit history (if applicable to the position) based on reports from any credit bureau; my driving history, including any traffic citations; a social security number verification; present and/or former addresses; criminal and/or civil history/records; or any other public record.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any investigative consumer report of which I am the subject upon my written request to **ADP** if such is made within a reasonable time after the date hereof. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681et. seq.

I further authorize any person, business entity, or governmental agency who may have information relevant to the above to disclose the same to Freeman Home Care Agency LLC**,** by and through **ADP**, including, but not limited to, any and all courts, public agencies, law enforcement agencies, and credit bureaus, regardless of whether such person, business entity or governmental agency compiled the information itself or received it from other sources.

I hereby release Freeman Home Care Agency LLC**, ADP,** and any and all persons, business entities, and governmental agencies, whether public or private, from any and all liability, claims, and/or demands, by me, my heirs, or others making such claim or demand on my behalf, for providing a consumer report and/or investigative consumer report hereby authorized.

I understand that this Authorization/Release form shall remain in effect for the duration of my employment with said Company. Additionally, I give permission to investigate any incidents of workplace misconduct, including but not limited to; sexual harassment, of which I have been accused for which I am alleged to have been involved during my employment**.** Further, I certify that the information contained on this Authorization/Release form is true and correct and that my application or employment may be terminated based on any false, omitted, altered, or fraudulent information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Middle Last

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Names Used (Alias, maiden, nickname, etc.)

Current Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street /P. O. Box City State Zip Code County Date Lived

Former Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street /P. O. Box City State Zip Code County Date Lived

Former Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street /P. O. Box City State Zip Code County Date Lived

Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State of Issuance: \_\_\_\_\_\_\_\_Date of Birth\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\*\_\_\_\_\_\_\_\_\_\_\_\_

 Have you ever been convicted of a crime or convicted in a military court martial?  Have you ever been sanctioned or had your licenses suspended or revoked?

 Are you currently under any investigation or pending charge?

Yes \_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Yes \_\_\_\_ No \_\_\_\_

**\* This information will enable us to properly identify you in the event we find adverse information during our background search.**