



ANYTIME HOME CARE, INC.

EMPLOYMENT APPLICATION INFORMATION

Last Name			First			M.I.	Date			
Street Address						Apartment/Unit #				
City				State			ZIP			
Phone				E-mail Address						
D.O.B				Social Security No.				Position Applied for		
Do you have any physical limitations that would preclude you from performing certain duties										
Are you a citizen of the United States?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for this company?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
Are you at least 18 years of age? Yes _____ No _____										

EDUCATION

High School				Address					
From	To			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From	To			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From	To			Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES

Please list three professional references.

Full Name				Relationship					
Company				Phone	()				
Address									
Full Name				Relationship					
Company				Phone	()				
Address									
Full Name				Relationship					
Company				Phone	()				
Address									

PREVIOUS EMPLOYMENT										
Company						Phone		()		
Address						Supervisor				
Job Title				Starting Salary		\$		Ending Salary \$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company						Phone		()		
Address						Supervisor				
Job Title				Starting Salary		\$		Ending Salary \$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company						Phone		()		
Address						Supervisor				
Job Title				Starting Salary		\$		Ending Salary \$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
Company						Phone		()		
Address						Supervisor				
Job Title				Starting Salary		\$		Ending Salary \$		
Responsibilities										
From		To		Reason for Leaving						
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>		NO <input type="checkbox"/>				
DISCLAIMER AND SIGNATURE										
I certify that my answers are true and complete to the best of my knowledge.										
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.										
Signature							Date			



Name: _____ Date of Application: _____

Phone No: _____

CERTIFICATION/POSITION DESIRED: CAN NA COMPANION AIDE LIVE IN PCA

1. What geographical area would you be available to work? _____
2. Do you have reliable transportation? Yes No
3. Would you be willing to work the floor in a Nursing Home if needed? Yes No
4. Can you be called in to staff a case at the last minute? Yes No
5. Would you be willing to do an overnight stay for emergency coverage? Yes No
6. Would you work a HIV Positive client? Yes No
7. Would you work a Mentally Retarded client? Yes No
8. Would you work a client of the opposite sex? Yes No
9. Have you used a Hoyer Lift on a regular basis? Yes No
10. Do you have a current CPR card? Yes No
11. Do you have a current TB Test? Yes No
12. Do you have uniforms? Yes No
13. Can you work with clients with pets in the house? (dogs, cats, birds, etc.) Yes No
14. Have you been convicted of an Assault or Felony of any type? Yes No
15. What are your three weakest points? 1. _____ 2. _____ 3. _____
16. Give us three of your strong points: 1. _____ 2. _____ 3. _____
17. If offered a job, when can you start? Month _____ Day _____

NOTE: YOU WOULD BE REQUIRED TO WORK EVERY OTHER WEEKEND, EVEN IF YOUR REGULAR CASE IS ONLY MONDAY THROUGH FRIDAY.

Applicant's Initials: _____



3403-C County Street – Portsmouth, VA 23707 – Tel: 757.393.1333 Fax: 967.8355

REFERENCES

Employment Verification

I _____, do hereby authorize Anytime Home Care, Inc. to verify references that I have provided to them with dates and position held within the particular company mentioned on the application. Any explanation or reason such parties should not be contacted is indicated in writing below. All statements are true with actual fact. When warranted, I give permission for the inclusion of my social security number on the document issued. Comments if applicable:

Signature: _____ Date: _____

Date: _____

Attn: _____ Telephone# _____ FAX# _____

From: _____

Name of Applicant: _____

Social Security # _____

The applicant listed above has applied for a position with our company and indicates previous employment with your firm. The information requested below will help us to evaluate the applicant. All information provided by your agency will be kept with strict confidence.

Dates of employment: From _____ To _____

Position Held: _____

Reason for termination: (check one) _____ Voluntary _____ Involuntary

Would you re-hire? (check one) _____ yes _____ no

Signature of person completing request: _____ Title _____ Date _____

Comments:

