



# 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"/> |  |  |  |  |
|--|------------------------------|-----------------------------|--|--|--|--|

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**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: \_\_\_\_\_





2930 High 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:

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