

Angels, A New Beginning In Home Care LLC

Home Care Aide Application

Angels, A New Beginning In Home Care LLC provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.

- * First, download document onto your computer and then fill the form out.
- * Once form is filled, click file and save.
- * Email saved application, and resume (if applicable), to: info@angelsanewbeginning.com

Applicant Information

Last Name:		First Name:		M.I.:	
Address:				Apt #:	
City:		State:		Zip:	
Home Phone:			Cell Phone:		
Email:				Date:	

Position & Availability

Position applying for: Home Care Aide							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							
Overnight							
24-Hr Live-In							
On Call							
**Provide hours for the days you are available to work (ex. 6am—10am on Sunday) **Place an (X) for days available for 24-Hr live-in **Place an (X) for days available for On-call **Days unavailable, leave blank							

Additional Questions

Hourly Wage Desired:					
Are you a legal US citizen?	Yes	No	Are you eligible to work in the US?	Yes	No
Are you fluent in another language?	Yes	No	If so, list:		
Are you willing to work with clients who smoke?	Yes		No		
Do you have any allergies?	Yes	No	If so, list:		
Can you work with animals present?	Yes	No	If no, list exceptions:		
Do you have Hospice experience?	Yes	No	If so, list amount of years:		
Do you have Alzheimers experience?	Yes	No	If so, list amount of years:		
Do you have Dementia experience?	Yes	No	If so, list amount of years:		
Do you have experience using a hoist lift?	Yes	No	If so, list amount of years:		

Transportation

<i>Home Care Aides may need to transport clients in client's vehicle or employee's personal vehicle.</i>					
Do you have a valid license?	Yes	No			
Do you have a car?	Yes	No	If yes, do you have valid insurance?	Yes	No

Education (Do not fill, if you submit a resume with education listed)

High School:	City & State:	Grad. Year:
College:	City & State:	Grad. Year:
Other:	City & State:	Grad. Year:
Degree/Certification(s):		
Special skills or training:		

Employment History (Do not fill out, if you include a resume with this application)

Most Recent Employer:	May we contact employer?	Yes	No
Job Title:	From:	To:	
Reason for leaving?			
Duties:			
Supervisor:	Phone Number:		

Company:	From: To:
Job Title:	Reason for leaving?
Duties:	
Supervisor:	Phone Number:

Company:	From: To:
Job Title:	Reason for leaving?
Duties:	
Supervisor:	Phone Number:

Company:	From: To:
Job Title:	Reason for leaving?
Duties:	
Supervisor:	Phone Number:

References

Name:	Relationship:	Phone Number:
Name:	Relationship:	Phone Number:

Certification

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences, immediate termination.

I authorize Angels, A New Beginning In Home Care LLC to contact former employers and educational organizations regarding my employment and education. I authorize my former employers to communicate information fully and freely regarding my previous employment, and attendance. I authorize those persons designated as references to communicate information fully and freely regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Managing-Member, the employment relationship will be "at-will." In other words, the relationship will be entirely voluntary in nature, and either I or my employer will be able to terminate the employment relationship at any time and without cause. With appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer will have the right. Moreover, no agent, representative, or employee of Angels, A New Beginning In Home Care LLC, except in a specific written contract of employment signed on behalf of the organization by its Managing-Member, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature

Date