

PRIVATE HOME CARE, INC
APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

Referred by:

PERSONAL INFORMATION

NAME (LAST, FIRST):		SOCIAL SECURITY NO.:	DOB:
PRESENT ADDRESS:	CITY:	STATE:	ZIP:
HOME PHONE #:	CELL PHONE#:	EMAIL:	

EMPLOYMENT DESIRED

POSITION:	DATE YOU CAN START:	DESIRED SALARY:
ARE YOU EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR CURRENT EMPLOYER?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> YES	
TYPE OF EMPLOYMENT DESIRED:	EVER APPLIED TO PHC BEFORE?	
<input type="checkbox"/> W2 EMPLOYEE <input type="checkbox"/> CONTRACTOR 1099	<input type="checkbox"/> NO <input type="checkbox"/> YES, WHEN?	

WORK EXPERIENCE

FORMER EMPLOYER #1	SALARY	POSITION	DATES:
FORMER EMPLOYER #2	SALARY	POSITION	DATES:
FORMER EMPLOYER #3	SALARY	POSITION	DATES:
FORMER EMPLOYER #4	SALARY	POSITION	DATES:

REFERENCES

REFERENCE #1:	CONTACT INFO:	YRS KNOWN:
REFERENCE #2:	CONTACT INFO:	YRS KNOWN:
REFERENCE #3:	CONTACT INFO:	YRS KNOWN:

CERTIFICATIONS

ISSUING SOURCE:

DATE:

- CPR _____
- FIRST AIDE _____
- FIRST RESPONDENT _____
- HHA _____
- CNA _____
- OTHER _____

Please attach all Certificates for review. Originals will be returned to you.

RELATED EXPERIENCE

- ALZHEIMERS/DEMENTIA
- PARKINSON'S
- PERSONAL CARE: BATHING, TOILETING
- HOSPICE
- HOYA LIFT

WHO & HOW LONG?

AVAILABILITY

Please check all available shifts:

- 7AM - 3PM SAT SUN MON TUES WED THURS FRI
- 7AM - 7PM SAT SUN MON TUES WED THURS FRI
- 3PM - 11PM SAT SUN MON TUES WED THURS FRI
- 7PM - 7AM SAT SUN MON TUES WED THURS FRI
- 11PM - 7AM SAT SUN MON TUES WED THURS FRI
- LIVE-IN (24HRS) SAT SUN MON TUES WED THURS FRI
 (7AM-7AM)

**PRIVATE HOME CARE, INC.
CRIMINAL RECORD BACKGROUND CHECK RELEASE**

I, _____, as an applicant of Private Home Care, Inc. understand that Private Home Care Inc will request all available criminal offender information from the Criminal History Systems Board pursuant to Chapter 6 § 172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting or any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal Systems Board prior to employing such individual, accepting such individual as volunteer or referring such individual for employment.

Applicant/Employee Signature

Date

APPLICANT/EMPLOYEE INFORMATION - PLEASE PRINT

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR ALIAS (IF APPLICABLE)	MOTHER'S MAIDEN NAME	
DATE OF BIRTH	SOCIAL SECURITY #	PLACE OF BIRTH

CURRENT AND FORMER ADDRESSES

IDENTIFYING INFORMATION

SEX: _____ HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

STATE DRIVER'S LICENSE NUMBER: _____

* THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT-ISSUED PHOTOGRAPHIC IDENTIFICATION: _____

Requested by: _____
SIGNATURE OF CORI AUTHORIZED EMPLOYEE