Circle of Friends In-Home Care, LLC Employment Application

306 Sherwood Rd. Norfolk, NE 68701 402-649-4442

Please answer all applicable questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicant law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

Complete all pages of this application. Print clearly. **Personal Information** Today's Date:_____ Position (s) Applied for:_____ Name: Last Current Address:_____ Zip Code Home Phone: (____) Cell Phone: () Work Phone: () Alternate Phone: () Emergency Contact(s)_____ Name Have you ever submitted an application here before? Yes / No If yes, when? Have you ever been employed here before? Yes / No If yes, when? You have been given a copy of the job description for the position for which you have applied. Are you able to perform the essential functions of the job, as outlined in the job description, with or without a reasonable accommodation? Yes / No How did you hear about Circle of Friends In-Home Care? **Availability** Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked. What date are you available to begin work?

Please complete all areas of availability:

Desired Number of Work Hours Per Week:								
Please indicate general availability below. (Check all that apply)								
Mornings_	Afternoons	s Evening	gs Overr	nights We	ekdays	_Weekends_	Out of To	wn
Please indicate the days of the week as well as the earliest and latest times that you are available for work.								
	,	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time	From:							
	To:							
Preferer Please inc		of services w		willing to provi	,	all that apply)		
· ·	anionship			keeping (dust/	(Vacuum)		ds/Shopping*	
	Preparation			ry/Ironing			dental Transportation*	
Activi	ties (games/cr	afts)	Medic	Medication Reminders		Perso	Personal Cares	
In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required on an ongoing basis. Are you willing to provide service to a client with a pet? Yes / No If yes, which ones:CatsDogs Are you willing to provide service to a client thatsmokes? Yes / No Job Related skills Describe any training or life skills you have that apply to caring for a senior:								
What do you like (or think you would like) most about working with older adults?								

Grade School: 6 7 8 High School: 9 10 11 12

School Type	School Name	City, State	Major/Subject	#Yrs Attended	Graduate
High School					Y/N
Vocational/Tech.					Y/N
College/University					Y/N

Bac	ka	rol	ınd
Duo	ινм		шч

First	Middle	Last	Maiden/Former
Current Address:			
Street	City	State	Zip
Social Security #:	-	Date of Birth:	
Oriver's License #:	State of	Issuing:	Exp. Date:
Make/Model of Vehicle:	Year:		
Auto Insurance Co:	Policy #:	E	xp. Date:
	·		•
Have you had any moving traffic vi	olations? Yes / No If yes, Please		•
Have you had any moving traffic vi	olations? Yes / No If yes, Please		•
Have you had any moving traffic vi	olations? Yes / No If yes, Please		•
Auto Insurance Co: Have you had any moving traffic vi Other Names or Social Security No Last Have you been convicted of a misc	olations? Yes / No If yes, Please umbers Previously Used:	e describe:	Social Security Number

Work History

Please answer all questions in this section correctly and accurately since we will make every effort to contact previous employers. Your application will not be considered unless all questions are answered.

Most Recent Employer

Are you currently working for	uns employer?	res / No II yes, III	ay we contact	! Tes / NO	
Company Name	City		State	() Phone Number	-
Dates employed: From	to				
		Job Title		Supervisor's Name	
Duties					
\$per	_				
Salary	Reason	for Leaving			
Second Most Recent Emplo	<u>oyer</u>				
O				()	-
Company Name	City		State	Phone Number	
Dates employed: From	to	Job Title		Supervisor's Name	
		oob ride		Supervisor 3 Numb	
Duties					
\$per	_				
Salary	Reaso	n for Leaving			
Third Most Recent Employe	<u>er</u>				
				()	
Company Name	City		State	Phone Number	_
Dates employed: From	to	Job Title		Occasional Name	
		JOD TITLE		Supervisor's Name	
Duties					
\$per	_				

References (Please do not include relatives) Please complete all six references. Since we will contact these referenced, please notify them in advance.

Full Name	Phone Number	Best time to call	<u>Relationship</u>	Number of years known
1)				
2)				
3)				
4)				
5)				
6)				

Certification and Release:

I certify that I have read and understand the applicant note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information throughout employment, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information, I release the company from any liability which might result from making such investigations, I also understand that the use of illegal drugs is prohibited during employment. I requested, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during the time of my employment.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship between myself and Circle of Friends In-Home Care LLC is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Nay changes in this employment relationship must be made in writing. *My signature below acknowledges that I have read, understand, and agree to the above disclosure.*

Signature	Date