



Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Required Information			
Name			Date
Address		City	State Zip
Primary Phone		Secondary Phone	
Email Address			
Position applying for		Date Available	

Additional Information		
Have you ever worked for HeartPrint Home Care before? If yes, when? <input type="checkbox"/> yes <input type="checkbox"/> no		
Emergency Contact		Phone
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Do you have auto insurance? <input type="checkbox"/> yes <input type="checkbox"/> no	Can you pass a pre-employment drug test? <input type="checkbox"/> yes <input type="checkbox"/> no
Have you ever been convicted of a felony? If yes, please provide details <input type="checkbox"/> yes <input type="checkbox"/> no		
Are there any court actions pending? If yes, please provide details <input type="checkbox"/> yes <input type="checkbox"/> no		
How were you referred to HeartPrint Home Care? <input type="checkbox"/> Newspaper <input type="checkbox"/> Job Fair <input type="checkbox"/> Internet Site <input type="checkbox"/> Job Service <input type="checkbox"/> Other: <input type="checkbox"/> Company Employee - Name:		

Availability		
Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work
Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no	Can you work every other weekend? <input type="checkbox"/> yes <input type="checkbox"/> no	Can you work rotating holidays? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments		

Education		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Are you or have you ever been a: <input type="checkbox"/> CNA <input type="checkbox"/> LPN <input type="checkbox"/> RN Certification Number _____ Expiration Date _____		
Has your professional license ever been suspended, revoked or under investigation? If yes, please explain <input type="checkbox"/> yes <input type="checkbox"/> no		
Are you or have you ever been a Certified Medication Aide? <input type="checkbox"/> yes <input type="checkbox"/> no Certification Number _____ Expiration Date _____		
Do you have any other certifications (CPR, First-Aide, etc)? If yes please provide certification type(s), number(s), and expiration date(s) <input type="checkbox"/> yes <input type="checkbox"/> no		
Degrees/certificates		
Special skills or courses		

Experience	
Discuss any training or experience working with the elderly	
What would you like most about working with the elderly?	
What would you like least about working with the elderly?	
List experience with performing these duties: light housekeeping, meal preparation, transportation, providing personal cares (bathing, dressing, toileting)	
List any of the previously mentioned tasks you could not perform	Can you lift 50-60 pounds? <input type="checkbox"/> yes <input type="checkbox"/> no

Employment History

Previous Facility Types Worked: Check All That Apply:

Hospital
 Hospice
 Nursing Home
 Rehab
 Private Duty
 Assisted Living / Residential Treatment

Start with your current / most recent employment and work backwards. Please go back at least five years and include all previous experiences working with the elderly. Use additional sheets of paper if needed.

Company	From	To
Job title	Reason left	
Duties		
May we contact? If no, why? <input type="checkbox"/> yes <input type="checkbox"/> no	If your name was different, please list name on employment record	
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
May we contact? If no, why? <input type="checkbox"/> yes <input type="checkbox"/> no	If your name was different, please list name on employment record	
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
May we contact? If no, why? <input type="checkbox"/> yes <input type="checkbox"/> no	If your name was different, please list name on employment record	
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
May we contact? If no, why? <input type="checkbox"/> yes <input type="checkbox"/> no	If your name was different, please list name on employment record	
Supervisor	Phone	

Professional References

These are people you have worked with in a professional manner: co-workers, community projects, etc.

Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #

Personal References

These are your family members, friends, neighbors, etc.

Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #
Name	Address	Relationship/Years Known	Phone #

ACKNOWLEDGEMENT (Please read carefully and sign):

In signing this application I certify that I have read and fully understand the questions asked in this application and that all answers given by me are true, accurate, and complete. I also understand that the omission, concealment, or misrepresentation of any fact on this application or during any interview for employment may jeopardize my chances for employment and be cause for my immediate dismissal from employment if revealed after employment commences.

I give Heartland Home Care Inc. (trade name HeartPrint Home Care) permission to use any information in this application to enable the company and agents acting on the company's behalf to verify the information contained in this application. I also authorize present and former employers, educational institutions I have attended, credit agencies, all references, and any other persons to answer all questions asked by HeartPrint Home Care with regard to any of the subject covered by this application. I also understand that in connection with my application for employment or my employment, HeartPrint Home Care will conduct a criminal background investigation and that my employment will be contingent on the result of such investigation. I release HeartPrint Home Care, its agents and affiliated entities as well as any person or situation that provides any information about me, from any and all liability whatsoever resulting from any such investigation or the disclosure of such information.

In consideration of my employment and of my being considered for employment by HeartPrint Home Care, I agree to abide by all rules and regulations, which I understand are subject to change at any time for any reason without prior notice. I also understand that if employed, I will be an employee at will and employed for no definite period of time. I understand that either HeartPrint Home Care or I can terminate my employment at any time, with or without cause and with or without advance notice. I further understand that no communication, whether oral or written, by any representative of HeartPrint Home Care, at any time, can constitute a contract of employment. No representative or agent of HeartPrint Home Care has the authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

I am willing to submit to a physical examination, including the analysis for the detection of the use of unlawful drugs or substances in accordance with the applicable laws. If I receive an offer of employment I agree that my continued employment may be contingent on the results.

I HAVE READ THE ABOVE AND FULLY UNDERSTAND IT.

Signature	Date
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