

YOUR FAMILY IS OUR FAMILY LLC

Master Employment Application

Personal Information

Full Name: _____

Social Security Number: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Home Address: _____

City/State/Zip: _____

Position & Availability

Position Applying For: _____

Full-Time / Part-Time: _____

Available Start Date: _____

Preferred Work Areas: _____

Reliable Transportation: Yes _____ No _____

Willing to Travel: Yes _____ No _____

Eligibility & Background

Legally authorized to work in U.S.: Yes _____ No _____

Ever convicted of a crime: Yes _____ No _____

Explain (if yes): _____

Can pass background check: Yes _____ No _____

Currently employed: Yes _____ No _____

May we contact employer: Yes _____ No _____

Pre-Employment Questions

Why do you want to work in home care? _____

Describe experience with seniors/disabilities: _____

Describe ADL experience: _____

How do you handle difficult situations? _____

Are you reliable and punctual? _____

Skills & ADL Experience

Bathing Assistance: Yes _____ No _____

Dressing Assistance: Yes _____ No _____

Grooming: Yes _____ No _____

Toileting: Yes _____ No _____

Incontinence Care: Yes _____ No _____

Transfers: Yes _____ No _____

Mobility Assistance: Yes _____ No _____

Ambulation: Yes _____ No _____

Feeding Assistance: Yes _____ No _____

Meal Preparation: Yes _____ No _____

Medication Reminders: Yes _____ No _____

Dementia Care: Yes _____ No _____

Behavior Support: Yes _____ No _____

Light Housekeeping: Yes _____ No _____

Laundry: Yes _____ No _____

Transportation / Errands: Yes _____ No _____

HIPAA Confidentiality Agreement

I agree to maintain confidentiality of all client information in accordance with HIPAA regulations.

Signature: _____

Date: _____

Background Check Authorization

I authorize background checks including criminal history and required screenings.

Signature: _____

Date: _____

Employment & Termination Acknowledgement

I understand employment is at-will and may be terminated at any time.

Signature: _____

Date: _____

Applicant Certification

I certify all information is true and complete.

Signature: _____

Date: _____