



APPLICATION FOR EMPLOYMENT

Applicants for a home care aide position must have a current DC home health aide certification or had at least 125 hours of Home Care Aide training. Applicants for a CNA position must hold a current Board of Nursing issued CNA certificate.

This Agency is an equal opportunity employer. Qualified applicants are considered without regard to age, race, color, religion, national origin, the presence of non-job related disability, marital status, family responsibilities, personal appearance, sexual orientation, gender identity or expression, genetic information, matriculation, or political affiliation.

PERSONAL INFORMATION

Last Name:	First Name:	Middle Initial:
Present Address:	City	State Zip
How Long		
Previous Address:	City	State Zip
How Long		
Home Phone:	Mobile Phone:	
How did you hear about us?		
<input type="checkbox"/> Agency/Ad <input type="checkbox"/> Yellow Pages <input type="checkbox"/> Current Employee Name _____ <input type="checkbox"/> Other		
Answer the following questions		YES or NO
Are you over 18 years of Age?		
Are you legally eligible to work in the United States?		
Do you have a valid driver's license and an insured car to use for work?		
Have you had any moving violations within the last 3 years?		
Have you ever worked or applied for work at Home Care Partners? If yes, provide dates: _____		
<i>If you answer yes to any of the following questions with yes, please provide an explanation.</i>		
Have you ever been charged with a crime?		

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If yes, were you convicted?		
Have you ever been fired or asked to resign from a job?		

Explanation, including dates of incident(s).

Do you have any restrictions that would prevent you from performing the essential functions of the home care aide position?

Yes No Unsure,

If yes or unsure, please explain.

EDUCATION *If this information is included in your resume, check here and go to next*

section. See Resume

	Name and Location of School	Course of Study or Major	Number of years completed	Degree or Diploma Received
High School				
College				
Graduate				
Vocational				

Describe any academic honors, scholarships, or special recognitions which you have received and any job-related special skills that you have.

List any current licenses or certificates that you hold.

EMPLOYMENT – List employment starting with *current* or *most recent* job.

If this information is included in your resume, check here and go to next section. See Resume

Name of Employer:	Telephone Number: ()
Full Address: (Including City, State, &, zip)	Name and Title of Supervisor:
Employed From: Month/Day/Year _____	To: _____
Rate of Pay: (Hourly or Annual) Beginning _____ Final _____	
Duties:	
Reason for Leaving:	

Name of Employer:	Telephone Number: ()
Full Address: (Including City, State, &, zip)	Name and Title of Supervisor:
Employed From: Month/Day/Year _____	To: _____
Rate of Pay: (Hourly or Annual) Beginning _____ Final _____	
Duties:	
Reason for Leaving:	

Name of Employer:	Telephone Number: ()
Full Address: (Including City, State, &, zip)	Name and Title of Supervisor:

Employed From: Month/Day/Year _____		To: _____	Rate of Pay: (Hourly or Annual) Beginning _____ Final _____
Duties:			
Reason for Leaving:			

REFERENCES: Please list three professional persons (supervisors or managers) or someone unrelated to you who can provide a reference regarding your **employment** and **work performance**.

NAME	PHONE NUMBER	RELATIONSHIP JOB TITLE	YEARS KNOWN

SCHEDULING AVAILABILITY

Check all boxes that apply. I am available to work for HCP on the following days:

- Sunday
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday

I am available to **arrive** at work at my first client at _____ a.m. or p.m. [Circle one]

I am able to **remain** at my last client of the day until _____ a.m. or p.m. [Circle one]

Check all that apply. I am available to work in these jurisdictions:

DC Arlington, VA Prince George's County Montgomery County

Mode of transportation: I will be using own car Bus / Metro train

PLEASE READ CAREFULLY BEFORE SUBMITTING

By submitting this application, I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false or misleading information given in this application is cause for denial of employment or immediate dismissal.

I authorize any schools, former employers, references, and all others who have information about me to provide such information to Home Care Partners and /or any of its' agents, vendors or representatives. I release all parties involved from any and all liability for any damage that may result from providing such information.

I understand that this application is not a contract or guarantee of employment and will expire 1 year from the date of application.

Applicant's Signature

Date