

**EMPLOYMENT APPLICATION for DIRECT CARE WORKER**

<b>Personal Information</b>	
<b>Name</b>	First _____ MI _____ Last: _____
<b>Address</b>	Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____
<b>Phone</b>	Home: _____ Cell: _____ Other: _____
<b>Electronic</b>	Email Address: _____
<b>Date of Birth</b>	Day: _____ Month: _____ Year: _____
<b>SSN</b>	Social Security Number: _____
<b>Gender</b>	Male: _____ Female: _____
<b>Language</b>	What languages do you speak? _____ _____
<b>Emergency Contact</b>	Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____
<b>Education</b>	
<b>Formal</b>	Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____
<b>Informal</b>	**Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ **Do you have current CPR? _____ Expiry Date: _____ Other: _____ (Specify) Other: _____ (Specify)

<b>Restrictions</b>			
<b>Work Limitations</b>	List any work limitations that you may have and briefly describe: Hearing: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Speech: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Lifting: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Health: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Physical: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Emotional: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Other: <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
<b>Availability for Work</b>			
<b>Hours &amp; Days Available for Work</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short-notice <input type="checkbox"/> Split Shift Indicate Days and List Hours Available for Work: ___ Sunday:            From: _____ To: _____ ___ Monday:            From: _____ To: _____ ___ Tuesday:            From: _____ To: _____ ___ Wednesday:            From: _____ To: _____ ___ Thursday:            From: _____ To: _____ ___ Friday:            From: _____ To: _____ ___ Saturday:            From: _____ To: _____ What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day? _____		
<b>Type of Work Seeking</b>			
<b>Type of Position(s) Preferred</b>	<input type="checkbox"/> RN/LPN <input type="checkbox"/> CAN/HHA/PCA <input type="checkbox"/> Companion <input type="checkbox"/> Live-In ___ Other: _____ <div style="text-align: center;"><i>(Specify)</i></div> Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: <input type="checkbox"/> Weekdays (Monday a.m. to Friday a.m.) <input type="checkbox"/> Weekends: (Friday a.m. to Monday a.m.)		
<b>Clients Not Willing/Able to Work With</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <input type="checkbox"/> Dementias/Alzheimer's  <input type="checkbox"/> Smokers  <input type="checkbox"/> Mental Retardation  <input type="checkbox"/> Behavioral Disorders  <input type="checkbox"/> Elderly (over 65)  <input type="checkbox"/> Children  <input type="checkbox"/> Other: _____               </td> <td style="width: 50%; border: none;"> <input type="checkbox"/> Physical Disabilities  <input type="checkbox"/> Pets  <input type="checkbox"/> Females  <input type="checkbox"/> Males  <input type="checkbox"/> Client use of marijuana for medicinal purposes  <input type="checkbox"/> HIV Positive/Aids               </td> </tr> </table> <div style="text-align: center;"><i>(Specify)</i></div>	<input type="checkbox"/> Dementias/Alzheimer's <input type="checkbox"/> Smokers <input type="checkbox"/> Mental Retardation <input type="checkbox"/> Behavioral Disorders <input type="checkbox"/> Elderly (over 65) <input type="checkbox"/> Children <input type="checkbox"/> Other: _____	<input type="checkbox"/> Physical Disabilities <input type="checkbox"/> Pets <input type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Client use of marijuana for medicinal purposes <input type="checkbox"/> HIV Positive/Aids
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Hope and Harmony Home Care  
 16909 Takeaway Ln  
 Dumfries, VA 22026  
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<b>Duties Not Willing/Able to Perform</b>	<input type="checkbox"/> Bathing <input type="checkbox"/> Grooming <input type="checkbox"/> Oral Care <input type="checkbox"/> Dressing <input type="checkbox"/> Bowel Care <input type="checkbox"/> Bladder Care <input type="checkbox"/> Feeding <input type="checkbox"/> Ambulation <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Friendly Reassurance Phone Call/Home Visit <input type="checkbox"/> Other _____
<b>Experience</b>	Indicate which of the following you have experience in: <input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Grooming <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Dressing <input type="checkbox"/> Bowel Care <input type="checkbox"/> Bladder Care <input type="checkbox"/> Feeding <input type="checkbox"/> Ambulation <input type="checkbox"/> Toileting <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit <input type="checkbox"/> Socialization <input type="checkbox"/> Other _____ <div style="text-align: right;"><i>(Specify)</i></div>
<b>Assignment Location</b>	Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____
<b>Transportation</b>	
<b>Type</b>	<input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Specify)</i></div>
<b>Driver's License</b>	Do you have a valid Driver's License?: _____
<b>Transporting Clients</b>	Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____
<b>Abuse Investigation</b>	
	Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____

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<b>Employment Reference Information</b>	
Applicant Name:	Date:
*Employer Name:	
Address:	
*Supervisor / Co-Worker:	
*Phone:	
Dates of Employment: From:	To:
*Position Held:	

**\*REQUIRED INFORMATION**

I HAVE APPLIED FOR EMPLOYMENT WITH HOPE AND HARMONY HOME CARE AND HEREBY AUTHORIZE YOU TO FURNISH THE INFORMATION REQUESTED BELOW CONCERNING MY PRIOR EMPLOYMENT WITH YOUR COMPANY. IN SIGNING THIS AUTHORIZATION, I RELEASE COMPANY, ITS EMPLOYEES AND/OR ITS AGENTS FROM ANY LIABILITY THAT MAY RESULT NOW OR LATER BECAUSE OF COMPLYING WITH THIS REQUEST.

Applicant Signature: \_\_\_\_\_

**EVALUATION (To be completed by previous employer.)**

	Excellent	Good	Average	Unsatisfactory
Knowledge				
Attendance				
Cooperation				
Honesty				
Punctuality				

Eligible for Rehire?   Y   N

Completed By: \_\_\_\_\_ Title:

Signature: \_\_\_\_\_ Date:

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**AFFIRMATION**

Hope and Harmony Home Care or Hope and Harmony Home Care contractors shall not hire for compensated employment, persons who have been convicted of murder, abduction for immoral purposes, assaults and bodily wounding, robbery, sexual assault, arson, pandering, crime against nature involving children, taking indecent liberties with children, abuse and neglect of children, failure to secure medical attention for an injured child, obscenity offences, or abuse or neglect of an incapacitated adult, and other barrier crimes.

However, Hope and Harmony Home Care may hire an applicant convicted of one misdemeanor specified in this section not involving abuse or neglect or moral turpitude, provided five years have elapsed.

Any person desiring to work at Hope and Harmony Home Care shall provide the Agency with sworn statement of affirmation disclosing any criminal convictions or any pending criminal charges, whether within or outside the Commonwealth. Any person making materially false statement when providing such sworn statement or affirmation regarding any such offense shall be guilty upon conviction of Class 1 misdemeanor.

**SWORN STATEMENT**

I, \_\_\_\_\_ do hereby swear under penalty of perjury that I DO or DO NOT have any pending charges within or without the Commonwealth of Virginia; I have never been convicted, either within or without the Commonwealth of Virginia.

If yes to above, please list in detail all convictions incurred:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Attestation**

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to Hope and Harmony Home Care and I hereby release and discharge any of the above and Hope and Harmony Home Care from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check

I further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date