



Home Care Advantage Inc.

1480 Indian Springs Rd Suite 2
Indiana, PA 15701
724-465-5863
724-465-5865 Fax

EMPLOYMENT APPLICATION

Please complete this application as completely and accurately as possible.

PERSONAL INFORMATION

Name: Last First Middle
Address
City State Zip Code

Are you over the age of 18? Yes No

Are you a US Citizen? Yes No If no, do you have the legal right and necessary documents to work in the US? Yes No
(Identity and employment eligibility will be verified as required by law.)

Have you lived in PA 2 years or more? Yes No

Today's Date

Social Security Number

Home Telephone Number

Cell Phone Number

E-Mail Address

Nursing Lic # / CNA Cert #

EMPLOYMENT INFORMATION

Position Desired _____ Part time Full time Shift Preference _____

Salary Requirement _____ Date available for work _____

Do you possess a valid driver's license? Yes No Driver's License Number _____

Do you have your own transportation? Yes No

Have you applied here before? Yes No If so, when? _____

How were you referred to us? Classified adv. Where did you see adv.? _____

Employee of other Agency Please give us their name _____

Other Please tell us _____

QUALIFICATIONS & EXPERIENCE

Education:

High School _____

College/Technical Training _____

Nursing School _____

Technical Training _____

Did you graduate?

Yes No _____

Yes No _____

Yes No _____

Yes No _____

Languages spoken in addition to English _____

Can you perform all of the job-related functions of the position(s) for which you are applying?

Yes No If no, please explain: _____

Do you have current CPR certification? Yes No Expiration date: _____

Why do you want to work for this agency?

PAST & PRESENT EMPLOYERS

Current Employer:

Name _____ Phone _____
Address _____ Position _____
_____ Zip _____ Date started _____

May we contact? Yes No Salary _____ Supervisor _____

Past Employers:

Name _____ Phone _____
Address _____ Position _____
_____ Zip _____ Salary _____

May we contact? Yes No Supervisor _____

Date started _____ Date ended _____ Reason for leaving _____

Name _____ Phone _____
Address _____ Position _____
_____ Zip _____ Salary _____

May we contact? Yes No Supervisor _____

Date started _____ Date ended _____ Reason for leaving _____

REFERENCES *(Give work or medical field related references. Do not list relatives or personal friends.)*

Name _____ Phone _____
Address _____ How I know _____
_____ Zip _____ Years acquainted _____

Name _____ Phone _____
Address _____ How I know _____
_____ Zip _____ Years acquainted _____

Name _____ Phone _____
Address _____ How I know _____
_____ Zip _____ Years acquainted _____

CRIMINAL BACKGROUND INQUIRY

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime?

Yes No If yes, please explain.

Details: _____

(You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.)

EMERGENCY CONTACT

Name _____ Home phone _____ Work phone _____
Address _____ Relationship to you _____

"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you."

Signature _____

Date _____

Home Care Advantage Inc