Embracing Hearts at Home, LLC

Application for Employment

Name _____ Date _____
Last First Middle

Address _____
Street City State ZIP Code

Cell Phone # (___) _____ E-Mail address _____

Referred to us by _____

Position(s) applied for ☐Companion/Sitter ☐Personal Care ☐Nursing Services Date available _____

Type of employment desired: ☐Part-Time ☐ Full Time ☐ PRN

Please Specify Days and Hours you are available to work:

SHIFT	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
DAY							
EVENING							
NIGHT							

Rate of Pay Expected $_____ per hour

Why do you want to work at Embracing Hearts at Home?

_____

_____

Are you legally eligible for employment in this country? ☐Yes ☐No

Are you available to work overtime if required? ☐Yes ☐No

Do you have any friends or family employed at this location? ☐Yes ☐No

Have you been convicted of a crime in the last seven (7) years? ☐Yes ☐No

If yes, please explain _____
CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

Have you ever been convicted of a felony? ☐Yes ☐No

If considered for hiring, will you agree to have criminal background check and fingerprinting performed by GCHEXS at your cost within 30 days of hire? ☐Yes ☐No

If considered for hiring, will you agree to provide a motor vehicle report? ☐Yes ☐No

If considered for hiring, will you agree to a pre-employment drug screen? ☐Yes ☐No
(We are a drug free workplace)

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Emergency contact:

_____

Name Relationship Phone Number

EDUCATIONAL BACKGROUND [If not on your resume, please fill out]

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	

What Nursing or relevant designations, licenses or registrations if any, do you possess?

Type	Date of Most Recent Registration	Is it Valid in GA
_____	_____	☐Yes ☐No
_____	_____	☐Yes ☐No
_____	_____	☐Yes ☐No

Do you have the following: CPR ☐No ☐Yes Last Certified _____
First Aid ☐No ☐Yes Last Certified _____

Please list all counties you have lived in for the last 7 years:

_____

_____

Other names used/Maiden names: _____

Do you have use of a reliable automobile: ☐Yes ☐No

Are you experienced with the use of a Hoyer lift: ☐Yes ☐No

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REFERENCES

List below; ensure that **all three of them are past employers/supervisors.** (No relatives/coworkers or friends please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER	EMAIL ADDRESS
			( )	
			( )	
			( )	

EMPLOYMENT BACKGROUND [Fill out only if you did not provide this information in your resume]

Provide the following information covering 7 years of employment, beginning with the most recent employer. **Please understand that you must specify; however, if we may contact your prior employers.**

EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	( )			
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	per	
PHONE NUMBER AND EMAIL		HOURLY RATE/SALARY FINAL		
REASON FOR LEAVING		$	per	
MAY WE CONTACT FOR REFERENCE? ☐Yes ☐No ☐Later				
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	( )			
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE		$	per	
PHONE NUMBER AND EMAIL		HOURLY RATE/SALARY FINAL		
REASON FOR LEAVING		$	per	
MAY WE CONTACT FOR REFERENCE? ☐Yes ☐No ☐Later				
EMPLOYER	TELEPHONE	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
	( )			

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ADDRESS			
JOB TITLE	HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE	$	per	
PHONE NUMBER AND EMAIL	HOURLY RATE/SALARY FINAL		
REASON FOR LEAVING	$	per	
MAY WE CONTACT FOR REFERENCE? ☐Yes ☐No ☐Later			

I certify that all the information I have provided is true, complete and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in the United States, proof of certifications or educational qualifications, and a driver's license and motor vehicle record (if applicable).

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, except as may be required by law. This application does not in any way constitute an agreement or contract for employment.

Applicant's Signature _____ **Date** _____

For office use only:

Date application received: _____

Date applicant contacted: _____

Notes: _____

_____

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_____