

# Heart To Hands Home Care

## Employment Application

Equal Opportunity Employer

I understand that Heart To Hands Home Care is a PCA Choice Program and this program allows individuals who receive services or their responsible party control and choice in choosing, hiring, training, and supervising their care provider. My signature on this application indicates that I understand that this application for employment will be forwarded to individuals who receive services or their responsible party for their review and consideration in hiring me.

### PERSONAL INFORMATION

Name (Last, First, Middle):		Other names you have used?	
Street Address	City	State	Zip
Social Security Number:	Home Phone:	Cell Phone:	
Email Address:			

### EMPLOYMENT DESIRED

Position:	Date You Can Start:	Hours Available:
Have you ever applied for or been employed by Heart To Hands Home Care?	If yes, when?	Reason for Leaving:

### EDUCATION

Name of School	City/State	Did you graduate?	If No, # of years left to graduate	If Yes, date of Graduation	Degree received	Major
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
College:		<input type="checkbox"/> Yes <input type="checkbox"/> No				
Trade, Business or other school:		<input type="checkbox"/> Yes <input type="checkbox"/> No				

### GENERAL INFORMATION:

List any training or types of experiences related to this field of work:
Do you have any criminal convictions?
Do you have any allergies to animals?

**WORK EXPERIENCE** - Please detail your entire work history. Begin with your current or most recent employer.

Date (Month & Year)	Name, Address & Phone of Employer	Salary	Position	Reason for Leaving

**REFERENCES** - 3 people NOT RELATED to you, whom you have known at least 1 year.

Name	Address	Phone	Years Known

**EMERGENCY CONTACT** – person to contact in case of an emergency

Name and Relationship	Address	Phone

I declare that all information provided is true and complete. My signature on this application provides permission to contact present/previous employers and references, unless otherwise noted, and to investigate any statements contained in this application. I understand that any misrepresentation or omission of material fact on this application form or in the course of the application process is cause for termination of employment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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