



General Employment Application

By filling out this application and questionnaire, you are applying for employment at **Absolute HomeAid**. This company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Applicant Basic Information			
First Name		Last Name	
Street Address		City	State Zip code
Email Address	Phone #	Social Security Number	
Date of Birth	Ethnicity (Optional)	Do you smoke?	Yes No
How did you hear about us?			
Spoken Languages?			

Alternate Contact	
Name	Phone
Address	Relationship

Are you currently employed / provide Care to others?	Yes	No
If Yes, please explain:		
Have you ever been convicted of a misdemeanor/felony?	Yes	No
If Yes, please provide details:		

Are you legally authorized to work in the USA?	Yes	No
How Many hours can you work weekly?	Are you available to work nights?	Yes No
Are you available to work weekends?	Yes Some No	Would you consider Live-in?
Employment desired:	Part Time Only	Full or Part Time Full Time Only
Salary range desired?	When are you available to start work?	



Transportation		
Most clients require transportation, often using the Car provider's vehicle:		
Do you Have dependable transportation?	Yes No	Make and model car
License Plate # (Optional)		Driver License #
Insurance Company (Optional)		Auto Insurance policy # (Optional)

What Education Qualifies You to work as a Caregiver?		
High School	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/Certificates All Degrees / Certificates must be presented and will be verified with provider /issuer.		
Special skills or courses – Any skills that assist in making you qualified as a professional Care Provider.		

What is your Past Experience?
Discuss any training or experience working with Seniors. How are you trained and/or experiences in working with Seniors?
What do YOU do that shows and proves you're Reliable, Trustworthy and Honest?
What would you like least about working with Seniors?



Work History
 Please provide at least 5 years of recent, verifiable work history followed by verifiable references.

Company	From	To
Job Title	Reason left	
Duties		
Supervisor	Phone	

Company	From	To
Job Title	Reason left	
Duties		
Supervisor	Phone	

Company	From	To
Job Title	Reason left	
Duties		
Supervisor	Phone	

Business / Professional References

Name	Address	Relationship/Year Known	Local Phone #
Name	Address	Relationship/Year Known	Local Phone #
Name	Address	Relationship/Year Known	Local Phone #

Why Do you Think you would be an excellent addition to our Team?



Skills					
Please indicate which of the following skills you are prepared to provide if referred to Seniors / Families:					
Companion Care & Safety	Yes	No	Incontinence	Yes	No
Alzheimer's	Yes	No	Ambulation	Yes	No
Dementia	Yes	No	Transfer assist	Yes	No
Meal Prep / Clean Up	Yes	No	Oral Care	Yes	No
Feeding	Yes	No	Shaving Assistance	Yes	No
Light Housekeeping	Yes	No	Assist with Exercises	Yes	No
Laundry	Yes	No	Hospice	Yes	No
Medication REMINDERS	Yes	No	Willing to work w/pets	Yes	No
Transportation	Yes	No	Assist w/ Prosthesis	Yes	No
Bathing (Reg., bed, sponge)	Yes	No	Speaks fluent English	Yes	No
Dressing / Grooming	Yes	No			

CERTIFICATION AND RELEASE: I certify that I have read and understand the applicant note on page 1 of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I Understand that any false information, omission or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background checks. I also understand that if hired, regardless of any oral presentation to the contrary, the employment relationship between ELSOUSOU LLC, and myself is terminated at-will, so that both the company and I remain free to choose to end out work relationship at any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE	DATE
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