

# Eldercare Solutions, Inc

## Employment Application

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### Please Print

\_\_\_\_\_

Date	Last Name	First Name	Middle
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### Present Address

\_\_\_\_\_ - \_\_\_\_\_

No. & Street	City	State	Zip
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### Permanent Address (if different from present address)

\_\_\_\_\_ - \_\_\_\_\_

No. & Street	City	State	Zip
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(\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Business Phone	Home Phone
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### Employment Desired

Position applying for: Personal Attendant

### Personal Attendant – Job Description

Our personal attendants commute to client's personal residence to provide non-medical assisted living services and companionship to the beneficiaries of private, personal trusts in the comfort and convenience of their private residence.

- Professional behavior and conduct
- Cooperative, congenial team participation
- Accompanying client on shopping outings
- Accompanying client on walks
- Accompanying client to doctor, lawyer and banker
- Answering the door and telephone
- Arranging appointments
- Assistance with bathing/hygiene
- Assistance with dressing
- Assisting with pet care
- Caring for wheelchair or bed-bound client
- Changing linens
- Feeding
- Grooming
- Incontinence care
- Letter writing/correspondence
- Light housekeeping
- Mailing bills and letters
- Meal planning and preparation
- Monitoring diet
- Overseeing home deliveries
- Planning visits and outings
- Reminder and Assistance with medications
- Running errands
- Household Shopping
- Taking out garbage
- Washing and ironing clothes

### Personal Information

Have you ever applied to or worked for \_\_\_\_\_ before?  Yes  No

If yes, when? \_\_\_\_\_

Do you have any friends or relatives working for \_\_\_\_\_ ?  Yes  No

If yes, state name(s) and relationship:

\_\_\_\_\_

Name	Relationship
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\_\_\_\_\_

\_\_\_\_\_

Name	Relationship
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\_\_\_\_\_

Why are you applying for work at Eldercare Solutions?

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# Eldercare Solutions, Inc

## Employment Application (cont)

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If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? .....  Yes  No

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? .....  Yes  No

If no, describe the functions that cannot be performed.

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(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.).....  Yes  No

If yes, state nature of the crime(s), when and where convicted, and disposition of the case.

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(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

### Education, Training, and Experience

School	Name and Address	No. of Years Completed	Did you Graduate?	Degree or Diploma
<b>High School</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	Address			
	_____			
	City	State	Zip	

<b>College/ University</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	Address			
	_____			
	City	State	Zip	

<b>Vocational/ Business</b>	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
	Name			
	Address			
	_____			
	City	State	Zip	

# Eldercare Solutions, Inc Employment Application (cont)

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Health Care \_\_\_\_\_  Yes  No \_\_\_\_\_  
 Training Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_  
 City State Zip

Health Care \_\_\_\_\_  Yes  No \_\_\_\_\_  
 Training Name \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_ - \_\_\_\_\_  
 City State Zip

## Employment History

List below all present and last five years past employment starting with most recent employer .  
 Account for all periods of unemployment. You must complete this section even if attaching a resume.

\_\_\_\_\_  
 Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
 Type of Business Your Supervisor's Name

\_\_\_\_\_  
 Address & Street City State Zip -

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
 From To Starting Ending

\_\_\_\_\_  
 Your Position and Duties

\_\_\_\_\_  
 Reason for Leaving

\_\_\_\_\_  
 May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
 Name of Employer Telephone No. (\_\_\_\_) \_\_\_\_ - \_\_\_\_

\_\_\_\_\_  
 Type of Business Your Supervisor's Name

\_\_\_\_\_  
 Address & Street City State Zip -

Dates of Employment: \_\_\_\_\_ Weekly Pay: \_\_\_\_\_  
 From To Starting Ending

\_\_\_\_\_  
 Your Position and Duties

\_\_\_\_\_  
 Reason for Leaving

\_\_\_\_\_  
 May we contact this employer for a reference? .....  Yes  No

# Eldercare Solutions, Inc Employment Application (cont)

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\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

\_\_\_\_\_  
Name of Employer

(\_\_\_\_) \_\_\_\_ - \_\_\_\_  
Telephone No.

\_\_\_\_\_  
Type of Business

\_\_\_\_\_  
Your Supervisor's Name

\_\_\_\_\_  
Address & Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Dates of Employment: \_\_\_\_\_  
From To

Weekly Pay: \_\_\_\_\_  
Starting Ending

\_\_\_\_\_  
Your Position and Duties

\_\_\_\_\_  
Reason for Leaving

May we contact this employer for a reference? .....  Yes  No

Note: Attach additional page(s) if necessary.

# Eldercare Solutions, Inc Employment Application (cont)

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## References

List below three persons not related to you who have knowledge of your work performance within the last three years.

_____	_____	(____) ____ - _____
First Name	Last Name	Telephone No.
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	_____
Occupation	No. of Years Acquainted	
_____	_____	(____) ____ - _____
First Name	Last Name	Telephone No.
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	_____
Occupation	No. of Years Acquainted	
_____	_____	(____) ____ - _____
First Name	Last Name	Telephone No.
_____	_____	_____ - _____
Address & Street	City	State Zip
_____	_____	_____
Occupation	No. of Years Acquainted	

## Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_  
Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_  
Initials I hereby authorize Eldercare Solutions, Inc to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_  
Initials I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

# Eldercare Solutions, Inc

## Employment Application (cont)

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\_\_\_\_\_ Should a search of public records (including records documenting an arrest, indictment, conviction,  
Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel  
employed by the Company, I am entitled to copies of any such public records obtained by the  
Company unless I mark the check box below. If I am not hired as a result of such information, I  
am entitled to a copy of any such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature