

Personal Information:

First Name: _____ Middle Initial: _____ Last Name: _____

Other/Previous Last Name: _____ Social Security Number: _____

Street Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Drivers License Number _____

Best way to contact you: _____

Birth Date: _____

Name, Address, Phone – next of kin: _____

How did you hear about Handle With Care? _____

Would you like to refer a friend as a caregiver? (if so, name, phone): _____

I am available to work:

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Time available							

Is your availability above flexible?

- Yes
- No

Are you available for a live-in position?

Weekdays Yes___ No___ Weekends ___ No ___

Are you able to fill in last minute, if a caregiver is not able to make it to work?

- Yes
- No

My ideal number of hours per week is: _____

I can work in a home with a dog: _____

I can work in a home with a cat: _____

I can work in a home with clients who smoke: _____

Any other restrictions: _____

I have a car, in good working condition: _____

I have current auto insurance with: _____

If hired, can you provide proof of citizenship or employment authorization? _____

I am able to work in:

- Du Page County
- Cook County

I speak English:

- Fluently
- Somewhat
- Not at all

I am willing to prepare meals using predetermined recipes from Handle With Care:

- Yes
- No

Licenses / Certifications

Type: _____ State: _____ License/Cert. Number: _____

Expiration Date: _____

Other Certifications:

- Basic Life Support
- Advanced Cardiac Life Support
- CPR
- First Aide
- Other _____

Personal References (please do not list a relative or spouse)

Name: _____

Your relationship to reference: _____

Telephone number of reference: _____

Email address: _____

Past Employment

Company / Facility: _____

Address: _____

Supervisor Name: _____

Supervisory Phone: _____

Type of Business: _____

Dates of Employment: _____

Salary / Pay Rate: _____

Reason for Leaving: _____

Describe job duties: _____

Company / Facility: _____

Address: _____

Supervisor Name: _____

Supervisory Phone: _____

Type of Business: _____

Dates of Employment: _____

Salary / Pay Rate: _____

Reason for Leaving: _____

Describe job duties: _____

Company / Facility: _____

Address: _____

Supervisor Name: _____

Supervisory Phone: _____

Type of Business: _____

Dates of Employment: _____

Salary / Pay Rate: _____

Reason for Leaving: _____

Describe job duties: _____

Education

	Name, City, State	Years Attended	Degree / Certificate	Did you graduate?
High School				
Nursing / Tech School				
College				
Post-College				
Other Training				

1. Have you ever been convicted of a drug, assault or theft related misdemeanor?

Yes

No

If Yes, explain:

2. Have you ever been in a medical-professional liability suit within the last 5 years?

Yes

No

If Yes, explain:

3. Has your license / certification ever been suspended or revoked?

Yes

No

If yes, explain:

Please Read Carefully

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal.

I authorize any insurance company, employer, educational institution, law enforcement organization, state or federal government agency, information service bureau, medical facility or practitioner, and any other person or organizations listed in this application to release information regarding my character, performance, qualifications, background, reasons for termination of past employment, and eligibility for rehire to Handle With Care, In-Home Care & Assistance LLC. I also understand that as a condition of my employment I will complete a background check including, but not limited to, criminal records, social security number verification, and driving record. I also authorize the release of my driving history and criminal records, and understand that it may contain information about my background, mode of living, character, and personal reputation. I understand that a criminal conviction is not an automatic bar from employment and will be reviewed for job related impact. I authorize you to request and receive such information, and release you and all parties involved in providing such information from any responsibility or liability. I understand that the decision to hire is solely that of Company.

As a condition of my employment with the Company, I agree that all information which I receive in the course of my employment relating in any manner to, among other things, the business activities, customers, production processes, financial affairs, programs, concepts or designs of Company are to be treated by me as trade secrets and kept in confidence, not to be disclosed to any unauthorized person either during or after my employment, or used by me in any manner adverse to the interests of Company. In addition, I may be required to sign a separate Invention and Confidentiality Agreement.

In consideration for my employment by Company, I agree to conform to the rules and regulations of the Company and acknowledge that these rules and regulations may be changed, interpreted, suspended, withdrawn, or added to by Company at any time, at the Company's sole option and without any prior notice to me.

I further acknowledge that my employment is at-will and may be terminated, and any offer of employment, if such is made, or my acceptance of an employment offer, if such is to occur, may be withdrawn, with or without cause, and with or without prior notice, at any time, at the option of the Company or myself. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Company and myself for either employment or for providing of any benefit.

If my services terminate after accepting employment, I understand that Company, or any of its affiliates may supply, in confidence, my employment record to any prospective employer, with no liability to the Company or its staff.

I acknowledge that I have been advised that this application will remain active for no more than sixty (60) days from the date it was made. I agree to these terms:

Signature of applicant: _____

Date of application: _____