



GA Employment Application

Date of Application: _____
Date Available for Employment: _____
Position Applying For: _____
Type of Employment Desired: _____ Per Diem

Last Name First Name Middle Initial

Mailing Address City State Zip Code

(____) _____ (____) _____ (____) _____
Home Phone Number Cell Phone Number Work Phone Number

Email address: _____

Social Security Number: _____

Do you have a current Driver's License? Yes No
Do you have auto insurance? Yes No
Do you have current liability or malpractice insurance? Yes No If yes, what is your policy number? _____
Have you ever been employed here before? Yes No If yes, when? _____
Are you legally eligible for employment in the US? Yes No
If offered employment you will be required to provide documentation to verify eligibility for employment.

Language skills other than English (written/spoken) _____

REFERRAL INFORMATION

How did you hear about us? (Please check)

- Newspaper Ad _____ (Which newspaper?)
- Internet _____ (Which site?)
- Current Employee _____ (We'd like to thank them)
- Other _____

EMERGENCY CONTACT INFORMATION - Please Print Clearly

Name: _____ Relationship: _____

Cell Phone Number: (____) _____ Home Phone Number: (____) _____

Work Phone Number: (____) _____

Professional Experience/Work History - Please begin with your most recent or current place of employment and report your employment history for the last five (5) years. Please use the back of this application, if necessary, for additional employment history.

Place of Employment #1: _____ Start Date: _____ End Date: _____

Address: _____ Position: _____

Phone Number: _____ Salary: _____

Supervisors: _____ Final Salary: _____

(cont.)

Reason for Leaving: _____

Duties/Experience: _____

Place of Employment #2: _____
Address: _____
Phone Number: _____
Supervisors: _____
Reason for Leaving: _____

Start Date: _____ End Date: _____
Position: _____
Salary: _____
Final Salary: _____
Duties/Experience: _____

Place of Employment #3: _____
Address: _____
Phone Number: _____
Supervisors: _____
Reason for Leaving: _____

Start Date: _____ End Date: _____
Position: _____
Salary: _____
Final Salary: _____
Duties/Experience: _____

Place of Employment #4: _____
Address: _____
Phone Number: _____
Supervisors: _____
Reason for Leaving: _____

Start Date: _____ End Date: _____
Position: _____
Salary: _____
Final Salary: _____
Duties/Experience: _____

Place of Employment #5: _____
Address: _____
Phone Number: _____
Supervisors: _____
Reason for Leaving: _____

Start Date: _____ End Date: _____
Position: _____
Salary: _____
Final Salary: _____
Duties/Experience: _____

REFERENCE INFORMATION

PROFESSIONAL REFERENCES (The below individuals must have had a supervisory position relative to your employment)

Name: _____
Place of employment: _____
How long have they known you? _____

Positon/Title? _____
Phone: _____

Positon/Title? _____
Phone: _____

PERSONAL REFERENCES – Please list three personal references who are not relatives and have known you for at least one year.

Name: _____

Address: _____

How does s/he know you? _____

Phone: _____

How long have they known you? _____

Name: _____

Address: _____

How does s/he know you? _____

Phone: _____

How long have they known you? _____

Education	Name & Location	Course of Study	Years Completed	Degree or Certificate Rec'd.
High School:				
College:				
Other:				
Other:				

Licenses and Certifications

License or Certification	ID Number	Expiration Date	State
1. _____			
2. _____			
3. _____			

Military Service

Branch of Service: _____ Highest Rank Achieved: _____
 Dates of Service: _____

Skills and Experience Checklist

	Y	N	Comments & Skill level		Y	N	Comments & Skill Level
Housekeeping, cleaning				AIDS client care experience			
Laundry, ironing				ALS client care experience			
Meal preparation				Alzheimer/dementia experience			
Menu Planning				Child care experience			
Shopping/errands				Facility experience			
				Home care experience			
ADL assistance experience				Hospice experience			
Ambulation assistance				Mental health clients			
Bed bath, shower chairs				Mental retardation clients			
Dying client /post mortem care				MS client care experience			
Incontinence/adult briefs				Can explain universal precautions			
Lifting/transfers/commodos				Cardio-Pulmonary Resuscitation or BCLS Certification/training			
Medication reminders/prompts				First Aid training			
Oral hygiene assistance				Will work with communicable disease clients			Exceptions?
Preventive skin care				Will work with AIDS clients			
Cast/circulation check experience				Will work with men			
Catheter /external genital care				Will work with women			
Ostomy assistance experience				Will work with "drinker"			
Dry non-sterile dressings				Will work with smoker			
Enema assistance experience				Will work with pets			Exceptions?
Gravity tube feed experience				Will transport clients			
Mechanical lift use experience				Able/licensed to drive a car			
Active Range of Motion experience				Allergies?			
				Speaks/Communicates clearly			
Mechanical bed operation				Able to read application/skills test adequately?			
Wheelchair, walkers, canes				Smoker?			

- I hereby certify and affirm that the information on this application, and that given in connection herewith, is correct and true. I understand that any false, misleading or incomplete answers or statements or implications made by me in connection with this application, or other required documents, or the failure to disclose any relevant information, will disqualify me from future referrals if discovered at a later date. My identification documents are genuine, were obtained by me from authorized sources and represent valid proof of my personal identity.
- I hereby agree to submit to any lawful drug or alcohol test that may be required as a condition of employment and understand that refusal to submit to such testing during the course of my employment with Aaron's Home Care may result in termination of my employment by Aaron's Home Care.
- I authorize a thorough investigation of my personal references and past employment, including but not limited to reference, checking and confirming the accuracy of information provided on my employment application. In consideration of my being considered for employment, I hereby release, discharge and hold harmless from all liability and responsibility all persons or entities requesting or supplying information about me in the content of this investigation.
- By signing this application form, I affirm that I have read this "Applicant's Certification," that I understand the significance of the releases contained in Paragraphs 2 and 3 above, that I intend to be legally bound by them, and that I am agreeing to them knowingly and voluntarily.

Signature: _____ Date: _____

We consider applicants without regard to race, color, religion, creed, gender, ancestry, national origin, age, disability, marital, affectional, familial or veteran status, genetic information or any other legally protected status.

— OFFICE USE ONLY —

Caregiver name:		Prefers to be called:	
Screening date:	Overall impression:	Availability/preferences:	
Individual performing screening:			
<input type="checkbox"/> Has car <input type="checkbox"/> Has ride (non-public transport) <input type="checkbox"/> Uses public transportation			
Strengths:	Needs improvement:		

✓ Initial & Date As Completed			
	Application completed		Certification Verified
	References completed		CBC processed
	Behavioral Interview		Office photo taken/or copy photo ID
	Initial Communicable Disease returned		Bank Account complete
	Copy car insurance/Drivers' license		Computer databank input completed
	Copy certification/ CEU data		CBC returned
	Gov't issued Photo ID		Offer letter & Agreement
	I-9 completed		Date for orientation
	Competency/Skills exam		FCRA Disclosure & Authorization
	Initial OSHA Training		Availability
	W-4		