



Nurses That Care LLC Home Care Agency

Email: info@nursesthatcarellc.com

Website: www.nursesthatcarellc.com

Phone: 610-424-9066

Fax: 215-315-7225

Employee Application

Date: [MM/DD/YYYY]			
First Name:		Last Name:	
Full Address:			
Email:		SSN/SIN #	
Phone:		Work Permit:	
Position you are applying for:			
Do you have a First Aid/CPR certificate? [If YES, please attach copy of certificate to application]			<input type="checkbox"/> YES <input type="checkbox"/> NO
Certification Registration #		Expiry Date [MM/YYYY]	
AVAILABILITY			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Desired wage amount:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Salary	
How many hours can you work weekly? <input type="checkbox"/> 4-16 <input type="checkbox"/> 16-26 <input type="checkbox"/> 26-40	Can you work nights?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Can you work weekends?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	Can you work holidays?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of employment desired:			
<input type="checkbox"/> FULL-TIME LIVE OUT <input type="checkbox"/> PART-TIME LIVE OUT <input type="checkbox"/> LIVE IN FULL TIME <input type="checkbox"/> ON CALL			
What date are you available to start work? [MM/DD/YYYY]:			



Nurses That Care LLC Home Care Agency

Email: info@nursesthatcarellc.com

Website: www.nursesthatcarellc.com

Phone: 610-424-9066

Fax: 215-315-7225

NOTES:

WORK EXPERIENCE

JOB 1

Name of Business/Employer:		Job Title/Position:	
Employment Dates:	Start [MM/YY]	End [MM/YY]	
Phone/Email:		Location:	
Person to Contact		Position in Company	

Reason for Leaving Company:

Can a representative from our company contact your most recent employer? ☐ YES ☐ NO

WORK EXPERIENCE

JOB 2

Name of Business/Employer:		Job Title/Position:	
Employment Dates:	Start [MM/YY]	End [MM/YY]	
Phone/Email:		Location:	
Person to Contact		Position in Company	



Nurses That Care LLC Home Care Agency

Email: info@nursesthatcarellc.com

Website: www.nursesthatcarellc.com

Phone: 610-424-9066

Fax: 215-315-7225

Reason for Leaving Company:

Can a representative from our company contact this previous employer?

☐ YES ☐ NO

WORK EXPERIENCE

JOB 3

Name of Business/Employer:

Job Title/Position:

Employment Dates:

Start [MM/YY]

End [MM/YY]

Phone/Email:

Location:

Person to Contact

Position in Company

Reason for Leaving Company:

Can a representative from our company contact this previous employer?

☐ YES ☐ NO

TRANSPORTATION

Do you currently hold a driver's licence?

☐ YES ☐ NO

What is your current mode of transportation?

Driver's License Number#

Location where the licence was issued

Licence Expiration Date [MM/DD/YY]

Would you be willing to provide a driving record?

☐ YES ☐ NO

Any driving accidents in the past three years?

☐ YES

☐ NO

How many?



Nurses That Care LLC Home Care Agency

Email: info@nursesthatcarellc.com

Website: www.nursesthatcarellc.com

Phone: 610-424-9066

Fax: 215-315-7225

If yes, please explain:

Any driving violations in the past three 3 yrs.?	<input type="checkbox"/> YES <input type="checkbox"/> NO	How many?	
--	--	-----------	--

If yes, please explain:

COMMUNICATION

Check the technology devices that you use:	<input type="checkbox"/> Cell	<input type="checkbox"/> Computer	<input type="checkbox"/> Tablet
--	-------------------------------	-----------------------------------	---------------------------------

Do you have a data plan on your mobile device?	<input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

Will you be willing to fill out a caregiver daily checklist after each visit?	<input type="checkbox"/> YES <input type="checkbox"/> NO
---	--

Additional Notes:

PERSONAL REFERENCE CONTACTS (Excluding family members)

Reference 1

Name:		Connection:	
Phone:		Email:	
Have they been notified that they are a reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Reference 2

Name:		Connection:	
Phone:		Email:	
Have they been notified that they are a reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

Reference 2

Name:		Connection:	
Phone:		Email:	
Have they been notified that they are a reference?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION INFORMATION



Nurses That Care LLC Home Care Agency

Email: info@nursesthatcarellc.com

Website: www.nursesthatcarellc.com

Phone: 610-424-9066

Fax: 215-315-7225

LEVEL OF EDUCATION	NAME OF SCHOOL	PROGRAM	COMPLETED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

RECOGNITION(S) OR ACCOMPLISHMENT(S)	
LIST BELOW	DATE [MM/DD/YY]

CRIMINAL BACKGROUND	
Have you ever been charged with a criminal offence?	<input type="checkbox"/> YES <input type="checkbox"/> NO



Nurses That Care LLC Home Care Agency

Email: info@nursesthatcarellc.com

Website: www.nursesthatcarellc.com

Phone: 610-424-9066

Fax: 215-315-7225

If so, please explain:

PLEASE READ CAREFULLY

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the employer permission to contact schools, previous employers (unless otherwise indicated), and references.

This is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, or age. We assure you that your opportunity for this employment position depends solely on your qualifications.

Signature of Applicant

X

Full Name of Applicant

DATE

Thank you for completing this application form and for your interest in our company

Office Use Only:

X



Nurses That Care LLC Home Care Agency

Email: info@nursesthatcarellc.com

Website: www.nursesthatcarellc.com

Phone: 610-424-9066

Fax: 215-315-7225

Full name of authorized personnel

Signature of authorized personnel

Position title of authorized personnel

Date [MM/DD/YYYY]

ADDITIONAL EMPLOYER NOTES:

Background Check Authorization From

I, **Name :** _____ understand that by affixing my signature to this form, I am giving Nurses That Care LLC Home Care Agency full consent to conduct a background check to confirm my identity, current address, and previous employment. I also understand that this is necessary if I wish to meet all the criteria for the position of a Direct Support Worker/CAREGIVER at Nurses That Care LLC Home Care Agency and that a successful background check is not a guarantee of employment.

I agree that **Nurses That Care LLC Home Care Agency** may contact my references, previous employers, and any applicable third party to confirm all the details that have been included in my application.