## **EMPLOYMENT APPLICATION**

### Please print clearly and complete each section entirely. All information is certified true and correct by your signature. **PERSONAL INFORMATION**

Last Name			First Nam	ie				MI	Date
Address (number an	nd street name or	P.O. Box number)		City				State	Zip code
Date of Birth* requ	ired 18 or under	Social Security Nu	mber		Fmail * reo	uired - used f	for not	ifications	
					Eman reg	lanca asea l	01 1101	meanons	
/ /		-	-						
Home Phone			Cell Phone				Re	eferred by	
( )	-		( )		-				
Position Appli	ed For: (check o	ne)							
Home Hea					Nutrition	Consultant		D Physic	cal Therapist
<ul> <li>Office Sta</li> </ul>					Speech Th			~	bational Therapist
					~F	r			
•		of any crime? $\Box$ e of offense(s), and			ammittad				
II yes, explain t	ne offense(s), typ	e of offense(s), and	when offense(	s) was c	committed:				
			_	_					
• Have you lived	d in Pennsylvan	ia for over 2 years	? 🗖 No		Yes				
• Do you have a	car available?		No 🗖	Yes	Driver Licen	se Number:			
• Would you lik	e text message i	notifications?	No 🗖	Yes	Cell Phone F	rovider			
Emergency Co	-		110 🗳	105		<u> </u>			
Name						Relation			
Address						Phone			
EDUCATI	ON INFO	RMATION							
Education		Name and Lo	cation of Scl	hool		Circle last	year	completed	Diploma
High School						9 10	11	12	
College						1 2	3	4	
Graduate School									
• Languages spo	oken (list all):	1)				2)			
		3)				4)			
			Profession	al Lice	nse/Certificate				
License Type		Number			Expiration Date			State	
					/	1			

		/	/			
Do you have any previous involve	ement as defendant in professional ma	alpractice litigati	on?		No	Yes
if yes, please explain						
Have you ever had your professio	nal license revoked/suspended, or dis	sciplinary action	taken against you?	? 🗖	No	Yes
if yes, please explain						 

## **EMPLOYMENT HISTORY & SKILLS**

#### Please list your employment history below:

1. Name & Address of Employer		Phone Number		Supervisor Name	
Deter of Employment		Desses for Lessing		Dere Dete	
Dates of Employment		Reason for Leaving		Pay Rate	
From	То:				
2. Name & Address of Employer			Phone Number	Supervisor Name	
Dates of Employment		Reason for Leaving		Pay Rate	
From	То:				
3. Name & Address of Employer			Phone Number	Supervisor Name	
Dates of Employment		Reason for Leaving		Pay Rate	
From	То:				

Do you have experience in personal care or working with the disabled? If yes, please explain:\_\_\_\_\_\_\_

• Are you able to lift more than 50lbs? $\Box$	No		Yes
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• Are you certified in CPR and/or First Aid (not required for HHA)?  $\Box$  No  $\Box$  Yes - if yes, please provide copies

## PREFERENCES AND AVAILABILITY

Please Check	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (7am-12pm)	~~~~						
Afternoon (12pm-5pm)							
Evening (5pm-10pm)							
Overnight (10pm-7am)							
<ul> <li>Total hours you want</li> <li>Are you available for</li> <li>Are you available for</li> <li>Are you willing to fil</li> </ul>	live-in cases? overnight cases? l-in or substitute	□ No □ Y □ No □ if needed? □	Yes No 🗖 Ye			_	
• How far are you willi	ng to travel from	home?	miles				
• What location would	you like to work	in (list all option	s)?				
Specify any pet issue:	s you may have:_						

I,\_\_\_\_\_\_\_\_\_have read and understand the above and authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts is cause for dismissal.

# **REQUEST FOR REFERENCE 1**

#### Section 1: filled out by applicant (reference cannot be a relative)

ISS# (Applicant Name) hereby authorize the individual listed below to release all information pertaining to my present/former employment.						
Signature						
Dates of Employment:to	Position Held:					
Reference's Information:						
Name:	Title:					
Phone:	Email:					
Address:	_					

11	e information will be con	fidential and for our	records only.	
	has applied	for employment with U	Jnique Aid Home Car	e Agency. We appreciat
(Applicant Name) your time in filling out this form and m	-		-	at 1-888-572-6828.
Position of Employee:				Encellant
Please rate: Competent to perform duties	Poor	Fair	Good	Excellent
Integrity				
Attendance				
Would you rehire this individual?				
If NO, why	orker / Supervisor / Educate	or / Other:		
If NO, why Relation to Employee (circle): Co-wo	orker / Supervisor / Educate	or / Other:		
If NO, why Relation to Employee (circle): Co-wo Signature	orker / Supervisor / Educate	or / Other: Date		
If NO, why Relation to Employee (circle): Co-wo Signature Section 3: filled out by Unique Aid Verbal Reference:	orker / Supervisor / Educato	or / Other: Date Title		
If NO, why Relation to Employee (circle): Co-wo Signature Section 3: filled out by Unique Aid Verbal Reference: Person spoke with:	orker / Supervisor / Educato	or / Other: Date Title or / Other:		
If NO, why Relation to Employee (circle): Co-wo Signature Section 3: filled out by Unique Aid Verbal Reference: Person spoke with: Relation to employee: Co-Wo	orker / Supervisor / Educato <i>personnel only</i> rker / Supervisor / Educato : □ No □ Yes If I	or / Other: Date Title or / Other: No, correct dates:		
If NO, why Relation to Employee (circle): Co-wo Signature Section 3: filled out by Unique Aid Verbal Reference: Person spoke with: Relation to employee: Co-Wo Verified dates of employment	orker / Supervisor / Educato	or / Other: Date Title or / Other: No, correct dates:		

# **REQUEST FOR REFERENCE 2**

### Section 1: filled out by applicant (reference cannot be a relative)

I       SS#         (Applicant Name)         hereby authorize the individual listed below to release all information pertaining to my present/former employment.						
Signature	Date//					
Dates of Employment:to	Position Held:					
Reference's Information:						
Name:	Title:					
Phone:	Email:					
Address:						

### Section 2: filled out by reference only

Т	he information will be conf	idential and for our	records only.					
has applied for employment with Unique Aid Home Care Agency. We appreciate								
(Applicant Name) your time in filling out this form and t		1	-					
Position of Employee:								
Please rate:	Poor	Fair	Good	Excellent				
Competent to perform duties								
Integrity								
Attendance								
If NO, why Relation to Employee (circle): Co-w								
Signature	Signature Date							
Section 3: filled out by Unique Ai	d personnel only							
Verbal Reference: Person spoke with:	· · ·							
Relation to employee: Co-W	orker / Supervisor / Educator	/ Other:						
Verified dates of employmer	nt: 🗖 No 🗖 Yes If N	lo, correct dates:						
Comments:								
Date:	Time		_					
Signature:	Titl	e:	Date:					