



## EMPLOYMENT HISTORY & SKILLS

- Please list your employment history below:

1. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment		Reason for Leaving	
From	To:		
2. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment		Reason for Leaving	
From	To:		
3. Name & Address of Employer		Phone Number	Supervisor Name
Dates of Employment		Reason for Leaving	
From	To:		

- Do you have experience in personal care or working with the disabled? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
- Are you able to lift more than 50lbs?     No     Yes
- Are you certified in CPR and/or First Aid (not required for HHA)?     No     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)							

- Total hours you want to work per week:    Maximum \_\_\_\_\_ Minimum \_\_\_\_\_
- Are you available for live-in cases?     No     Yes
- Are you available for overnight cases?     No     Yes
- Are you willing to fill-in or substitute if needed?     No     Yes
- How far are you willing to travel from home? \_\_\_\_\_ miles
- What location would you like to work in (list all options)? \_\_\_\_\_  
\_\_\_\_\_
- Specify any pet issues 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# REQUEST FOR REFERENCE 1

**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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Reference's Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**Section 2: filled out by reference only**

**The information will be confidential 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 mailing it back to us in the enclosed (postage paid) envelope or fax to us at 1-888-572-6828.

Position of Employee: \_\_\_\_\_

Please rate:	Poor	Fair	Good	Excellent
Competent to perform duties				
Integrity				
Attendance				

Are the above employment dates correct in Section 1?  No  Yes  
 If NO, please state actual dates of employment from: \_\_\_\_\_ to \_\_\_\_\_

Would you rehire this individual?  No  Yes  
 If NO, why \_\_\_\_\_  
 \_\_\_\_\_

Relation to Employee (circle): Co-worker / Supervisor / Educator / Other: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: filled out by Unique Aid personnel only**

Verbal Reference:  
 Person spoke with: \_\_\_\_\_ Title \_\_\_\_\_  
 Relation to employee: Co-Worker / Supervisor / Educator / Other: \_\_\_\_\_  
 Verified dates of employment:  No  Yes If No, correct dates: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

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Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Position Held: \_\_\_\_\_

Reference's Information:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**Section 2: filled out by reference only**

**The information will be confidential 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 mailing it back to us in the enclosed (postage paid) envelope or fax to us at 1-888-572-6828.

Position of Employee: \_\_\_\_\_

Please rate:	Poor	Fair	Good	Excellent
Competent to perform duties				
Integrity				
Attendance				

Are the above employment dates correct in Section 1?  No  Yes  
 If NO, please state actual dates of employment from: \_\_\_\_\_ to \_\_\_\_\_

Would you rehire this individual?  No  Yes  
 If NO, why \_\_\_\_\_  
 \_\_\_\_\_

Relation to Employee (circle): Co-worker / Supervisor / Educator / Other: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section 3: filled out by Unique Aid personnel only**

Verbal Reference:  
 Person spoke with: \_\_\_\_\_ Title \_\_\_\_\_  
 Relation to employee: Co-Worker / Supervisor / Educator / Other: \_\_\_\_\_  
 Verified dates of employment:  No  Yes If No, correct dates: \_\_\_\_\_  
 Comments: \_\_\_\_\_  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_