



NAME: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

**CERTIFICATION / LICENSURE / REGISTRATION**

Homecare Consultants Unlimited, Inc. requires that all certified, licensed, registered employees submit documented proof of all certifications, licenses, and registrations upon receiving a conditional offer of employment.

Type of Certification: \_\_\_\_\_ License: \_\_\_\_\_ Registry: \_\_\_\_\_

Issuing State/Organization: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

If not currently certified, licensed or registered, are you eligible?            Yes    No  
 If yes, do you intend to sit for the examination?                                    Yes    No  
 If yes, when will you sit for your examination?                                    Date \_\_\_\_\_

**EDUCATION**

Last Elementary, Junior, or Senior High School Attended:

NAME OF SCHOOL	LOCATION	LAST GRADE ATTENDED	GRADUATE? Yes / No / GED

\*\*If you receive a conditional offer of employment, you may be required to submit verification of your educational background such as copies of your diplomas or transcripts.\*\*

NAME AND LOCATION OF ALL COLLEGES & UNIVERSITIES ATTENDED	FULL OR PART TIME	NO. CREDITS EARNED	SEM. OR QTR	COURSE OF STUDY	TYPE OF DEGREE RECEIVED

NAME AND LOCATION OF BUSINESS OR TRADE SCHOOLS ATTENDED (INCLUDE ANY RELATED COURSES OR TRAINING RECEIVED)	COURSE(S) OF STUDY	CERTIFICATE OR LICENSE RECEIVED

List any professional licenses/certificates or memberships in professional associations


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Experience: List all jobs – including military experience and volunteer positions – you have held within the past five years beginning with your present or most recent job. Include earlier experience, which may qualify you for the position. **"See attached resume" is not acceptable in lieu of filling out this section.** If you need more space you may attach additional sheet(s).

**CURRENT OR MOST RECENT POSITION**

FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE	COMPENSATION (IF ANY)
EMPLOYER NAME		ADDRESS	CITY STATE ZIP
DUTIES PERFORMED		HOURS per WEEK	# of employees supervised
NAME OF SUPERVISOR		PHONE: ( )	
REASON FOR LEAVING:			
May we contact this employer? YES NO Notify me first			

**PREVIOUS POSITION**

FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE	COMPENSATION (IF ANY)
EMPLOYER NAME		ADDRESS	CITY STATE ZIP
DUTIES PERFORMED		HOURS per WEEK	# of employees supervised
NAME OF SUPERVISOR		PHONE: ( )	
REASON FOR LEAVING:			
May we contact this employer? YES NO Notify me first			

**PREVIOUS POSITION**

FROM: MONTH/YEAR	TO: MONTH/YEAR	JOB TITLE	COMPENSATION (IF ANY)
EMPLOYER NAME		ADDRESS	CITY STATE ZIP
DUTIES PERFORMED		HOURS per WEEK	# of employees supervised
NAME OF SUPERVISOR		PHONE: ( )	
REASON FOR LEAVING:			
May we contact this employer? YES NO Notify me first			

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## REFERENCES

Please list names and addresses of three people, other than relatives, that we may contact who have knowledge of your job skills, experience, and ability.

Name	Address	Telephone Number	Business/Occupation

## DISCLOSURES

Have you ever been convicted of a felony? Yes    No

If yes, Explanation: \_\_\_\_\_

\_\_\_\_\_

Please do not include any information about any arrest or detention that did not result in a conviction; any conviction where your record has been expunged, sealed or eradicated; any misdemeanor conviction where you have completed probation and the case has been dismissed; any arrest where you have successfully completed a pretrial diversion program; or any conviction for marijuana violations that is more than two years old.

\*The existence of a criminal record is not an absolute bar to referrals, placements or employment. Each case is given individual consideration based upon the job-relatedness of the conviction.\*

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**SUPPLEMENTAL QUESTIONNAIRE**

Please list any special qualifications that are required by the position, or skills that you feel will assist you if you were to be selected for the position.

**Languages other than English in which you are fluent**

LANGUAGE	READ	WRITE	SPEAK

**Other skills/qualifications/abilities you possess which relate to the position for which you are applying:**

COMPUTER SOFTWARE USED	PROGRAM NAME	BEGINNER	INTERMEDIATE	ADVANCED
Word Processing (e. g. Word)				
Spreadsheet (e.g. Excel)				
Database (e.g. Access)				
Graphic/Presentation (e.g. PowerPoint)				
Email (e.g. Outlook, Yahoo)				

OTHER FIELD SKILLS <i>(Please Check)</i>	
	Proper bed making: occupied, unoccupied
	Giving personal grooming: complete bed bath, tub/shower bath, oral care, nail care, hair care, shaving
	Feeding: complete assisting
	Meal preparation & clean up
	Giving bedpan, urinal or commode: positioning, precautions
	Transfer Techniques: types, positioning, ambulating
	Incontinent Care
	Skin Care: prevention and treatment of decubiti
	Use of approved protective devices (safety supports)
	Maintaining Sanitary conditions in the workplace, including handwashing
	Taking temperature, pulse, respiration, blood pressure
	Safe patient lifting techniques

**Caregiver position only:**

**Are you able to lift at least 75 lbs. with or without accommodation?                      Yes      No**

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**Machinery and Equipment** *Please list any machines or equipment you can operate related to this position.*


**APPLICANT'S AGREEMENT / RELEASE / CERTIFICATION**

**Notice to Applicant:**

1. Employment offers may be conditioned upon applicant passing a job-related physical examination and background investigations. Fingerprints may be required.
2. All appointments are at will (see #3 below) and shall be subject to a 12-month probationary period. The probationer may be released at any time during this period with or without cause and with or without notice.
3. All employees - including but not limited to temporary part-time, probationary, and executive management - during and after this probationary period, are at will and may be released at any time with or without cause and with or without notice.
4. Employment may be contingent upon applicant meeting minimum age requirements or other requirements of the position.
5. Proof of your legal right to work in the United States must be submitted after you receive a conditional offer of employment.

**Certification:**

I certify that the information given by me in this application is true, accurate, correct and complete in all respects to the best of my knowledge and beliefs. I understand and agree that any misrepresentations, false statements or material omissions may be considered sufficient cause for disqualification or dismissal.

I understand and agree that HCUI does not unlawfully discriminate in referrals, placements or employment, and no question on this application is used for the purpose of limiting or excusing any applicant for consideration for referral, placement or employment on any basis prohibited by applicable laws or regulations.

I understand and agree that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between HCUI and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me, and I understand and agree that no such promise or guarantee is binding upon the HCUI unless made in writing.

I understand and agree that if I receive a conditional offer of employment, I may be required to take a physical examination that is job related and consistent with business necessity to determine my fitness for a job classification in a particular facility or client's home. I understand and agree that my potential employment may be contingent upon the results of my physical examination as to whether I can perform the job's essential functions with or without accommodation.

I understand and agree that if employed, I will be required to follow all HCUI policies, procedures and rules. HCUI reserves the right to revise its policies or procedures - except its policy of at will employment -- at any time.

**I have read, understand and agree to the information noted above:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

NAME: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

**FOR HCUI USE ONLY**

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

Employee Status:

\_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME \_\_\_\_\_ WEEKENDS \_\_\_\_\_ ON CALL/ CASUAL \_\_\_\_\_ TEMPORARY

DATE OF HIRE \_\_\_\_\_ TIME TO REPORT ON FIRST DAY \_\_\_\_\_

WAGE:

HOURLY RATE \_\_\_\_\_ SALARIED \_\_\_\_\_

ORIENTATION DATE: \_\_\_\_\_

New Position

Replacement for \_\_\_\_\_