



## **HOME CARE SOLUTIONS EMPLOYMENT APPLICATION**

***PLEASE PRINT CLEARLY.***

### **Personal Information**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Are you legally authorized to work in the U.S? ☐ Yes ☐ No (verification required upon employment)

### **Employment Desired**

Position applying for: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? ☐ Yes ☐ No If yes, where? \_\_\_\_\_

Have you previously worked for our company? ☐ Yes ☐ No (If yes, when? \_\_\_\_\_)

Current CNA License? ☐ Yes ☐ No Current CPR certification? ☐ Yes ☐ No

Other Certification or License? ☐ Yes ☐ No If yes, please list: \_\_\_\_\_

**[www.HomeCareNewOrleans.com](http://www.HomeCareNewOrleans.com)**

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### **Experience**

- Have you ever worked as a caregiver in someone's home? ☐ Yes ☐ No
- Have you ever worked on staff at a hospital? ☐ Yes ☐ No
- Have you ever worked on staff in a nursing home? ☐ Yes ☐ No
- Do you have experience working with Alzheimer's Disease? ☐ Yes ☐ No
- Do you have psychiatric/mental health experience? ☐ Yes ☐ No
- Have you ever been dismissed or asked to resign from a job? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

### **Employment History — list most recent first**

1. Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

2. Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

3. Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Rate of Pay: \_\_\_\_\_



4. Name of Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Position/Responsibilities: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

### **Schedule and Availability**

Date you can begin work:

\_\_\_\_\_

What days and hours are you available for work through our agency?

Describe:

\_\_\_\_\_

List any time or day you **CANNOT** work: \_\_\_\_\_

\_\_\_\_\_