



## EDUCATION

Do you have a High School Diploma:  Yes  No School attended:

If No, do you have a General Education Diploma (GED):  Yes  No

School attended: \_\_\_\_\_

Do you have a degree from a College or University:  Yes  No

School attended: \_\_\_\_\_

If no degree, but you did attend college, what courses did you study? \_\_\_\_\_

\_\_\_\_\_

Indicate any languages, including sign language, you can speak, read and / or write:

Speak: \_\_\_\_\_

Read: \_\_\_\_\_

Write: \_\_\_\_\_

Describe any specialized training, apprenticeship, skills, volunteer and extra-curricular activities:

\_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities and/ or offices held: \_\_\_\_\_

\_\_\_\_\_

## OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SPECIALIZED SKILLS

Check skills that you have been trained to do and / or can perform without assistance:

- |   |  |                                     |                                       |                                 |
|---|--|-------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Vital Signs              | <input type="checkbox"/> ROM Exercises           | <input type="checkbox"/> Cooking    | <input type="checkbox"/> Housekeeping | <input type="checkbox"/> CPR    |
| <input type="checkbox"/> Bathing Others           | <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Nail Care  | <input type="checkbox"/> First Aid    | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Internet Access/Email    | <input type="checkbox"/> Glucose Monitoring      | <input type="checkbox"/> Nebulizers | <input type="checkbox"/> Massage      |                                 |
| <input type="checkbox"/> Oxygen Safety/Monitoring | <input type="checkbox"/> Other:                  |                                     |                                       |                                 |

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities.

<b>Current/Last Employer:</b>		Supervisor:	
Address:		Phone:	
Job Title:	Hire Date:	Term Date:	
Starting Salary \$	per	Ending Salary \$	per
List major job duties in order of their importance:			
Reason for leaving:			

<b>Former Employer:</b>		Supervisor:	
Address:		Phone:	
Job Title:	Hire Date:	Term Date:	
Starting Salary \$	per	Ending Salary \$	per
List major job duties in order of their importance:			
Reason for leaving:			

<b>Former Employer:</b>		Supervisor:	
Address:		Phone:	
Job Title:	Hire Date:	Term Date:	
Starting Salary \$	per	Ending Salary \$	per
List major job duties in order of their importance:			
Reason for leaving:			

<b>Former Employer:</b>		Supervisor:	
Address:		Phone:	
Job Title:	Hire Date:	Term Date:	
Starting Salary \$	per	Ending Salary \$	per
List major job duties in order of their importance:			
Reason for leaving:			

<b>Former Employer:</b>		Supervisor:	
Address:		Phone:	
Job Title:	Hire Date:	Term Date:	
Starting Salary \$	per	Ending Salary \$	per
List major job duties in order of their importance:			
Reason for leaving:			

**ADDITIONAL INFORMATION**

State any additional information you feel may be helpful to us in considering your application:


**NOTE TO APPLICANTS**

**DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING FOR.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

Yes                       No

I have reviewed the job description for which I am applying for  Yes                       No

*Initials*

## REFERENCES

1. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

## In-Home Aide/CNA Consumer Assignment Information

When are you available to work? Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Please circle YES or NO to the following questions and provide an explanation, if needed.

1. Do you have reliable transportation to and from the consumer's home?  Yes  No

If No Explain: \_\_\_\_\_

2. Are you willing to accept cooking instructions from the consumer?  Yes  No

If No Explain: \_\_\_\_\_

3. Do you have experience cooking meals?  Yes  No

If No Explain: \_\_\_\_\_

4. Do you have experience with housekeeping and laundry?  Yes  No

If No Explain: \_\_\_\_\_

5. Are you willing to assist the consumer with bathing, toileting and incontinence care?  Yes  No

If No Explain: \_\_\_\_\_

6. Are you willing to accept cleaning instructions from the consumer?  Yes  No

If No Explain: \_\_\_\_\_

7. This job may require lifting up to 60 lbs., bending, etc. Are you able to do this without accommodations?  Yes  No

If No Explain: \_\_\_\_\_

8. Is there any aspect of personal care you are unwilling or uncomfortable performing?  Yes  No

If Yes Explain:

9. Is there any reason why you would not be willing to work in a home with pets?  Yes  No

If yes Explain:

10. Smoking is **not** permitted inside the consumer's residence under any circumstances. Will this be a problem for you?  Yes  No

If Yes Explain:

11. The consumer may request that no smoking occur outside of the residence. Will this be a problem for you?  Yes  No

If Yes Explain:

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment including reference checks with former employers as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employers may discharge the employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in termination. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have received a copy of the drug policy referenced below.

Signature of Applicant:  
(Typed Name)

Date:

**Disability Partners Home Care Partners is a drug free workplace. Please read the policy carefully before submitting this application for employment with our organization.**

**I have reviewed and understand DisAbility Partners Drug and Alcohol Policy.**

*Initials*

**If our organization extends an offer of employment to you, you will be subject to a criminal background investigation. DisAbility Partners may require a drug screening through sources we deem necessary to determine your qualifications for employment with our organization.**

**PLEASE KEEP THE ATTACHED DRUG POLICY FOR YOUR RECORDS.**