

**HOPE HOME CARE, LLC**  
**EMPLOYMENT APPLICATION**

**Personal Information**

\_\_\_\_\_  
Full Name \_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address \_\_\_\_\_ \_\_\_\_\_  
Apt./Unit Town/City

\_\_\_\_\_  
State/Province/Region \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Zip Code Country Years at Residence

\_\_\_\_\_  
Phone Number \_\_\_\_\_  
Email Address

**Previous Addresses**

**Please list any other addresses that you have lived in for the past 3 years, if any:**

\_\_\_\_\_  
Street Address \_\_\_\_\_ \_\_\_\_\_  
Apt./Unit Town/City

\_\_\_\_\_  
State/Province \_\_\_\_\_ \_\_\_\_\_  
Zip/Postal Code Years at Address

\_\_\_\_\_  
Street Address \_\_\_\_\_ \_\_\_\_\_  
Apt./Unit Town/City

\_\_\_\_\_  
State/Province \_\_\_\_\_ \_\_\_\_\_  
Zip/Postal Code Years at Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Apt./Unit

\_\_\_\_\_  
Town/City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Years at Address

### Previous Employment

**Provide the following for the last 3 employers:**

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Responsibilities

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Reason for Leaving

May we contact your previous supervisor for a reference  Yes  No

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Responsibilities

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Reason for Leaving

May we contact your previous supervisor for a reference  Yes  No

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Responsibilities

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
From

\_\_\_\_\_  
To

\_\_\_\_\_  
Reason for Leaving

May we contact your previous supervisor for a reference    \_\_\_ Yes    \_\_\_ No

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date Available to Start

What Position Are You Applying For?

Are you Legally Authorized to Work in the  
United States? \_\_\_ Y \_\_\_ N

(Please circle)

Legal Status (Please circle)

Caregiver

Driver

Other

U.S. Citizen

Work Visa

Permanent  
Resident

If you are not a U.S. Citizen  
are you authorized to work in the U.S.?

Have you ever worked  
for this company?

Yes \_\_\_

No \_\_\_

Yes \_\_\_

No \_\_\_

If you previously worked for Hope Home Care, LLC, please provide start and stop dates:

\_\_\_\_\_  
Start Date

\_\_\_\_\_  
End Date

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

### Education History

**High School**

Name \_\_\_\_\_

Years \_\_\_\_\_

**College**

Name. \_\_\_\_\_

Years \_\_\_\_\_

**Degree, if any** \_\_\_\_\_

**Special Training:** \_\_\_\_\_

**Special Skills:** \_\_\_\_\_

## Criminal Background/Disciplinary Actions

Have you ever been convicted of a crime involving violence or dishonesty in a State or Federal court of any state? \*

**\*NOTE: You are not required to disclose the existence of any erased criminal history record information. Erased criminal history record information are records pertaining to a finding of delinquency or that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nulled, a criminal charge for which the person has been found not guilty or a conviction for which the person received an absolute pardon or criminal records that are erased pursuant to a statute or by other operation of law. Any person with erased criminal history record information shall be deemed to have never been arrested within the meaning of the general statutes with respect to the proceedings so erased and may so swear under oath.**

Yes       No

If yes, explain:

Have you ever been subject to any decision imposing disciplinary action by a licensing agency in any state, the District of Columbia, a United States possession or territory or a foreign jurisdiction?

Yes       No

If yes, please explain:

## Certifications

Please check all that apply:

CNA       Home Health Aide       PCA       LPN

**References (Please identify three unrelated persons who you have known for at least a year.)**

<u>Name</u>	<u>Address/Phone</u>	<u>Nature of Relationship</u>	<u>Years Known</u>
-------------	----------------------	-------------------------------	--------------------

1.

2.

3.

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to disqualification, dismissal, or other action pursuant to employment agency policy and procedure, subject to criminal penalties as prescribed by law.

\_\_\_ Yes

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Hope Home Care, LLC from all liability and damages arising out of Hope Home Care, LLC obtaining or using that information.

I also understand that all employment at Hope Home Care, LLC is at will, which means that it is not for a specific duration and may be terminated for any reason or no reason by Hope Home Care, LLC or employee at any time, unless there is an agreement otherwise in writing and signed by an authorized representative of Hope Home Care, LLC.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification documents upon hire. By signing below, I understand that my offer of employment may be revoked if I am not eligible to work in the United States.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date