Hattie's Caring Hands®

Career Application

Name: _____ Date: _____

Last First Middle In

DOB: _____ Last 6 Digits of SSN: _____

Address: _____

Street: _____ City: _____

State/Province: _____ ZIP/Postal Code: _____

Telephone#: (___) _____ Cell Phone#: (___) _____

E-Mail address: _____

Referred to us by: _____

Position(s) applied for: ☐ Caregiver ☐ Other: _____

Date available: _____

Type of employment desired: ☐ Full-Time ☐ Part-Time

Please Specify Days and Hours:

_____

If currently employed, may we contact your employer? ☐ Yes ☐ No

If yes, Full Time _____ Part Time ____

Rate of Pay Expected: $ _____ per hour

Is there a specific reason you are applying for employment at Hattie's Caring Hands?
☐ Yes ☐ No

If yes, please briefly outline the reason:

_____

_____

_____

Are you legally eligible for employment in the USA? ☐ Yes ☐ No

Have you applied with this company before? ☐ Yes ☐ No

Have you been employed at this company before? ☐ Yes ☐ No

If yes, when? _____

Do you have any physical limitations? _____ Yes _____No

If yes, please describe: (use back page if necessary)

_____

_____

Allergies: _____

If considered for hiring, will you agree to provide a criminal background check? ☐ Yes ☐ No

☐ ☐ No ☐

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(s)/DIPLOMA(s) EARNED
		☐Yes ☐No	
		☐Yes ☐No	
		☐Yes ☐No	

What relevant designations, licenses or registrations if any, do you possess?

Type	Date of Most Recent Registration	Valid in State/Province ?
_____	_____	☐Yes ☐No
_____	_____	☐Yes ☐No

Do you have the following: CPR ☐No ☐Yes Last Certified _____
First Aid ☐No ☐Yes Last Certified _____

_____

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER / TELEPHONE ( )	DATES EMPLOYED FROM	DATES EMPLOYED TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER	$	per	
REASON FOR LEAVING	HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? ☐Yes ☐No ☐Later	$	per	
EMPLOYER / TELEPHONE	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES

	( )	FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? ☐Yes ☐No ☐Later		$	per	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? ☐Yes ☐No ☐Later		$	per	

EMPLOYER	TELEPHONE ( )	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? ☐Yes ☐No ☐Later		$	per	

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please.)

Name: _____ Relationship: _____ Years Acquainted: _____ Phone Number: (____) _____

Name: _____ Relationship: _____ Years Acquainted: _____ Phone Number: (____) _____

Name: _____ Relationship: _____ Years Acquainted: _____ Phone Number: (____) _____

I certify that all the information I have provided is true, complete and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by **Hattie's Caring Hands** only as an aid in the hiring decision making process. The applicant, by signing the application gives **Hattie's Caring Hands** consent to collect the information contained herein and use for the purpose specified.

I authorize **Hattie's Caring Hands** to investigate all statements contained in this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide criminal background check, proof of identity and legal authority to work in the USA, proof of certifications or educational qualifications, and a driver's license (if applicable).

Applicant's Signature _____ Date _____

NOTE: Fax copies of your HHA Certificate, CPR Certificate, SSN Card, Driver's License & Legal work document to the attention of Hattie's Caring Hands.

For office use only:

Date application received: _____

Date applicant contacted: _____

Notes: _____

_____

_____

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Hattie's Caring Hands®