



Reliant Senior Care, Inc

Employee Application

Full Name: _____ Date: _____
Social Security: _____
Birth Date: ____/____/____
Home Phone: _____
Cell Phone: _____ Email Address: _____
Address: _____ Apt#: _____ City: _____
Zip: _____ County: _____

Please Answer the Following:

1. How many years of Caregiving experience do you have? _____
2. Certification: Please Circle all that apply: **C.N.A.** **C.H.H.A.** **CPR** **First Aid**
3. Have you ever been convicted of or plead guilty to a felony or any act or crime of a sexual, violent, drug related, or theft-related nature? _____ *if yes, please explain:* _____
4. Have you had any major traffic violations within the last three years? _____
5. Date of your last TB test: _____
6. We have specific requirements for personal appearance such as clean, proper attire; no smoking, and good hygiene. Are you willing to comply with these requirements? _____

What personal or work time commitments do you have (or anticipate) that may affect your work availability for Reliant Senior Care? If none, please state. (Example: School or other jobs, childcare)

Are you willing to work holidays? _____ Note: *Holiday pay is premium pay (1.5 times regular hourly wage).*

Can we call you for an emergency to fill-in? _____

❖ Please indicate any days you are regularly NOT available: _____

❖ When would you be available to start work? _____

Valid Drivers License? _____ Auto: Yr _____ Mk _____ Model _____

Will you drive clients in your car? _____ In their car? _____

Indicate the days your available to work: *Fill in space with times:*

Mon _____
Tue _____
Wed _____
Thu _____
Fri _____
Sat _____
Sun _____

How many hours a week would you like to work? _____

Can you do any 24hr. Live-in assignments? _____

Can you do any overnight without sleep? _____

Can you do any overnight with sleep? _____

EMPLOYMENT HISTORY – (most recent to oldest)

1. NAME OF EMPLOYER: _____
ADDRESS / LOCATION: _____
MAY WE CONTACT THIS EMPLOYER? Yes ___ No ___
SUPERVISOR'S NAME: _____
PHONE NUMBER: _____
LENGTH OF EMPLOYMENT: From Month / Year: _____ to Month/Year: _____
POSITION(S) HELD: _____

2. NAME OF EMPLOYER: _____
ADDRESS / LOCATION: _____
MAY WE CONTACT THIS EMPLOYER? Yes ___ No ___
SUPERVISOR'S NAME: _____
PHONE NUMBER: _____
LENGTH OF EMPLOYMENT: From Month / Year: _____ to Month/Year: _____
POSITION(S) HELD: _____

3. NAME OF EMPLOYER: _____
ADDRESS / LOCATION: _____
MAY WE CONTACT THIS EMPLOYER? Yes ___ No ___
SUPERVISOR'S NAME: _____
PHONE NUMBER: _____
LENGTH OF EMPLOYMENT: From Month / Year: _____ to Month/Year: _____
POSITION(S) HELD: _____

Personal References:

<u>Name</u>	<u>Phone #</u>	<u>Relationship</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

If employed, I hereby agree to abide by all policies and rules of Reliant Senior Care including those addressing job-related appearance and grooming standards. I understand that these policies and rules may be amended or revised by Reliant Senior Care and that I will be informed of those amendments. I understand that false or misleading information in my application, résumé, or interview(s) may result in discharge. *I understand that background checks will be done on me including criminal background checks and driving record checks, and I hereby authorize and consent to such background checks.* I am aware that this information is kept confidential and is only used for employment screening purposes.

OPTIONAL: EMERGENCY CONTACT INFORMATION

Please list the person we should contact in case of an emergency.
Name: _____ Relation to You: _____
Phone: _____

X _____ Date: _____
Signature of Applicant

Reliant Senior Care

Providers Of Quality Care

FAX: (760) 476-0605

Reference Inquiry Form

I, _____, Social Security # _____,
Have applied for employment through Reliant Senior Care, I authorize them to collect any and all information concerning my qualifications and performance while associated with your company. Further, I hereby release the company or person completing this form from any and all liability supplying the requested information.

Applicant Signature

Date

*******APPLICANTS-DO NOT WRITE BELOW THIS SECTION*******

To: (Company) _____

ATTN: _____

Fax: _____

Past Employee's Name: _____

Was the Applicant employed by your company? Yes No

1. What position did applicant hold with your company? _____

2. What were the dates of employment? **From:** _____ **To:** _____

3. Would you re-employ, and if not, why? Yes No _____

4. How would you describe the applicant's overall performance? poor fair good

5. How well did the applicant get along with others? poor fair good

6. How well did the applicant follow direction? poor fair good

7. Reason for leaving? _____

Completed by: _____ Date Completed ___/___/___

Title: _____

❖ Please return the completed form, by fax to the number below.

Thank you very much for your help!

Sincerely,

FAX: (760) 476-0605