

| JOB/EMPLOYMENT APPLICATION | |
|--|---|
| Availability for Work | |
| Hours & Days Available for Work | <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Short-notice <input type="checkbox"/> Split Shift Indicate Days and List Hours Available for Work: <input type="checkbox"/> Sunday: From: _____ To: _____ <input type="checkbox"/> Monday: From: _____ To: _____ <input type="checkbox"/> Tuesday: From: _____ To: _____ <input type="checkbox"/> Wednesday: From: _____ To: _____ <input type="checkbox"/> Thursday: From: _____ To: _____ <input type="checkbox"/> Friday: From: _____ To: _____ <input type="checkbox"/> Saturday: From: _____ To: _____ What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day? _____ |
| | Client Types and Work Duties |
| | <input type="checkbox"/> Personal Care <input type="checkbox"/> Companion <input type="checkbox"/> Live-In <input type="checkbox"/> Other: _____ <div style="text-align: center;">(Specify)</div> Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: <input type="checkbox"/> Weekdays (Monday a.m. to Friday a.m.) <input type="checkbox"/> Weekends: (Friday a.m. to Monday a.m.) |
| | Experience Indicate which of the following you have experience in: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Grooming <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Dressing <input type="checkbox"/> Bowel Care <input type="checkbox"/> Bladder Care <input type="checkbox"/> Feeding <input type="checkbox"/> Ambulation <input type="checkbox"/> Toileting </div> <div> <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit <input type="checkbox"/> Socialization <input type="checkbox"/> Other _____ <div style="text-align: right;">(Specify)</div> </div> </div> |
| | Assignment Location Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ _____ |
| | Transportation |
| | Type <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> _____ |
| | Driver's License Do you have a valid Driver's License?: _____ |
| Abuse Investigation | |
| | Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ _____ |
| Reference Information (Last five years) | |

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|---|--|
| Work Related #1 (Last Position) | Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____ |
| Work Related #2 (2nd Last Position) | Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____ |
| Work Related #3 (3rd Last Position) | Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____ Position Held: _____ Length of Employment: _____ Reason for Leaving: _____ |
| Personal #1 | Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____ (<i>Other than relative.</i>) |
| Personal #2 | Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship (<i>friend, co-worker, teacher etc.</i>) _____ (<i>Other than relative.</i>) |

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to Amazing Care and I hereby release and discharge any of the above and Amazing Care from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may

be conditional upon successful completion of a substance abuse screening test, if part of the Agency's pre-employment policy.

I understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Applicant's Signature

Date

PRE-EMPLOYMENT BACKGROUND CHECK AUTHORIZATION

I, _____, understand that as part of the employment process, **Amazing Care** needs to complete a background check on me regarding:

1. Criminal record;
2. Sex and Violent Offenders Record;
3. Employment Verification;
4. Education Verification;
5. License Verification; Motor Vehicle Records;
6. Personal/Professional Reference Verification;
7. Medical Suitability
8. Drugs/Alcohol

I authorize all federal and state agencies, persons and organizations that may have information relevant to this research to disclose such information to **Amazing Care** or its authorized agent(s).

- ☐ I understand that this authorization is to be part of the written and signed employment application.
- ☐ I also understand that I do not have to give authorization for a background check but if I don't give permission, my employment application will not be processed further.
- ☐ I understand that I have specific rights under the federal Fair Credit Reporting Act (FCRA) and may have additional rights under relevant State law.
- ☐ I further authorize that a photocopy of this authorization may be considered as valid as the original.
- ☐ I hereby certify that all statements on this form are true and correct to the best of my knowledge and belief. I understand that employment with **Amazing Care** is contingent upon successful completion of a background check.

Signature

Date

Full Name _____ Telephone No. _____

Former Name(s) and Date(s) used: _____

Current Address _____

Date of Birth _____ Social Security Number: _____

Current Driver's License: _____ State: _____

List any other cities, states and dates of residency during last 10 years (Use back of sheet, if necessary.)

| City | State | From: Month/Year | To: Month/Year |
|-------|-------|------------------|----------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

TO WHOM IT MAY CONCERN

I Rejoice Atsu have never been shown by credible evidence (e.g. a court or jury, a department Investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.