



# Servant's Heart Home Health Services

## Application For Employment – Home Health Aides

1714 Dividend Dr, Logansport, IN 46947 | 4101 S Dixon Rd, Kokomo, IN 46902 | 866-739-1776 | www.servantsheartservices.com

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Wage Desired	Position(s) Sought: <input type="checkbox"/> HHA <input type="checkbox"/> CNA <input type="checkbox"/> Other:
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### General Information

Last Name	First Name	Middle Name
Address		Home Phone      Cell/Other Phone
City	State      Zip Code	Email Address
Social Security Number	Driver's License Number (If Applicable)	Date Issued

Are you legally eligible to accept employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>	When are you available to start work?
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What days are you available to work? Also include the hours that you are available to work for each day.

**Sunday** Hours:     
  **Tuesday** Hours:     
  **Thursday** Hours:     
  **Saturday** Hours:

**Monday** Hours:     
  **Wednesday** Hours:     
  **Friday** Hours:

### Education

High School, College, and/or other institutions attended. Begin with most recent.	Field of Studies/Major/Minor	Degree/Diploma/Certificate	Date obtained or expected

### Background Information

**Since our employees may have direct contact with our clients, please provide the following information regarding any criminal history. A conviction will not necessarily disqualify an applicant from employment.**

Have you ever been **charged** with a crime?      If you answered "Yes" to this question, please provide more information below.

No     Yes, how many charges: \_\_\_\_\_     
 If you answered "No", please skip ahead to Work Experience.

Have you ever been **convicted** of a crime?     No     Yes, how many convictions: \_\_\_\_\_

#### Describe your charges and convictions, beginning with the most recent.

Nature of the Offense	Were you convicted?	Year of the charge
What rehabilitation have you undergone?		
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**Work Experience**

**Describe all work experience (paid and unpaid) starting with most recent.**

Position	Name of Company/Employer	Phone	<input type="checkbox"/> Part-time (# of hours/wk     ) <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: (specify)
Supervisor's Name	Dates Employed	Wages Earned	
Duties	Reason(s) for Leaving		
Position	Name of Company/Employer	Phone	<input type="checkbox"/> Part-time (# of hours/wk     ) <input type="checkbox"/> Full-time <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Other: (specify)
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Supervisor's Name	Dates Employed	Wages Earned	
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Supervisor's Name	Dates Employed	Wages Earned	
Duties	Reason(s) for Leaving		

May we contact your previous employers?     Yes      No

**Other Experience**

**Please list any other experiences you have had that might qualify you to be an employee with Servant's Heart Home Health Services. Include hobbies, volunteer experience, or any other relevant activities.**

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**Physical Abilities Required on the Job**

**Please check what you are able to perform below, as certain physical activities and movements may be required on the job.**

<input type="checkbox"/> Twisting	<input type="checkbox"/> Using Stepstools	<input type="checkbox"/> Carrying up to 10 lbs.	<input type="checkbox"/> Reaching at shoulder
<input type="checkbox"/> Stooping/Bending	<input type="checkbox"/> Lifting up to 10 lbs.	<input type="checkbox"/> Carrying 11-24 lbs.	<input type="checkbox"/> Reaching below shoulder
<input type="checkbox"/> Kneeling	<input type="checkbox"/> Lifting 11-24 lbs.	<input type="checkbox"/> Carrying 25-50 lbs.	
<input type="checkbox"/> Crawling	<input type="checkbox"/> Lifting 25-50 lbs.	<input type="checkbox"/> Carrying over 50 lbs.	
<input type="checkbox"/> Climbing Stairs	<input type="checkbox"/> Lifting over 50 lbs.	<input type="checkbox"/> Reaching above shoulder	

## Experience Checklist

### Patient Types and Conditions

Please check the patient conditions below for which you have experience providing care and/or which you are competent and willing to assist.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Alcoholism/Drugs     | <input type="checkbox"/> Blindness          | <input type="checkbox"/> Cancer                 |
| <input type="checkbox"/> Convulsive Disorders | <input type="checkbox"/> Diabetes           | <input type="checkbox"/> Geriatrics             |
| <input type="checkbox"/> Heart Conditions     | <input type="checkbox"/> Infant/child care  | <input type="checkbox"/> Para/Quadriplegic      |
| <input type="checkbox"/> Parkinson's Disease  | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Retardation            |
| <input type="checkbox"/> Stroke               | <input type="checkbox"/> Hospice Patients   | <input type="checkbox"/> Psychiatric Conditions |

### Tasks That May Be Required

Please check the tasks below in which you have experience and/or you are competent and willing to do.

- |   |                                   |   |
|---|-----------------------------------|---|
| <input type="checkbox"/> Clean bathroom | <input type="checkbox"/> Dusting  | <input type="checkbox"/> Meal Planning              |
| <input type="checkbox"/> Vacuuming      | <input type="checkbox"/> Cooking  | <input type="checkbox"/> Wash Dishes                |
| <input type="checkbox"/> Mop floors     | <input type="checkbox"/> Ironing  | <input type="checkbox"/> Transport client as needed |
| <input type="checkbox"/> Laundry        | <input type="checkbox"/> Pet care | <input type="checkbox"/> Care of house plants       |

### HHA/CNA Tasks and Activities

Please check the tasks below in which you have experience and/or you are competent and willing to do.

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Assist with ambulation | <input type="checkbox"/> Transfer bed to chair           | <input type="checkbox"/> Elimination - bed pan    |
| <input type="checkbox"/> Use of cane            | <input type="checkbox"/> Transfer chair to bed           | <input type="checkbox"/> Elimination - commode    |
| <input type="checkbox"/> Use of walker          | <input type="checkbox"/> Hydraulic lift (ie: Hoyer)      | <input type="checkbox"/> Shampoo - bed            |
| <input type="checkbox"/> Use of gait belt       | <input type="checkbox"/> Use of crutches                 | <input type="checkbox"/> Shaving - electric razor |
| <input type="checkbox"/> Hot/cold compress      | <input type="checkbox"/> Non-sterile dressing change     | <input type="checkbox"/> Shaving - safety razor   |
| <input type="checkbox"/> Sitz bath              | <input type="checkbox"/> Feeding client                  | <input type="checkbox"/> Bed making - unoccupied  |
| <input type="checkbox"/> Bed bath               | <input type="checkbox"/> Bed making - occupied           | <input type="checkbox"/> Cleaning dentures        |
| <input type="checkbox"/> Mouth swabs            | <input type="checkbox"/> Intake and Output               | <input type="checkbox"/> Empty catheter bag       |
| <input type="checkbox"/> Ostomy bag change      | <input type="checkbox"/> Positioning client in bed/chair | <input type="checkbox"/> Fleets enema             |

### Special Diets:

- |                                   |                                     |                               |
|-----------------------------------|-------------------------------------|-------------------------------|
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Low Sodium | <input type="checkbox"/> Soft |
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## References

**Please provide us with contact information for three personal references (other than relatives).**

Name	Relationship	Phone
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Name	Relationship	Phone
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Name	Relationship	Phone
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