



# Servant's Heart Homemaker Services

## Application For Employment

- Full-time
- Part-time

Position(s) Sought

Wage Desired

### General Information

Last Name

First Name

Middle Name

Current Address:

Address

Home Phone

City

State

Zip Code

Cell/Other Phone

Social Security Number

Driver's License Number (If Applicable)

Date Issued

Are you legally eligible to accept employment in the United States?

Yes

No

When are you available to start work?

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

Secondary, Post Secondary, and/or other institutions attended. Begin with most recent.

Faculty, Department, Division, or School

Discipline or Program (Major)

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.**

Have you ever been convicted of a crime?

Yes

No

If you answered "Yes" to the this question, please provide the following information. If you answered "No", please skip ahead to the next section of the application.

Number of Convictions

Nature of Offense(s)

When was the offense committed?

What rehabilitation have you undergone?

### 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"/> Co-op <input type="checkbox"/> Internship <input type="checkbox"/> Volunteer <input type="checkbox"/> Full-time <input type="checkbox"/> Other: (specify)
Supervisor's Name	Dates Employed	Wages Earned	
Duties:	Reason(s) For Leaving:		

  

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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 Homemaker Services. Include hobbies, volunteer experience, or any other relevant activities.

## Experience Checklist

Please check those areas below in which you are competent and willing to do.

### Client Types and Conditions

- |   |   |   |
|---|---|---|
| <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 (elderly)   |
| <input type="checkbox"/> Heart Conditions     | <input type="checkbox"/> Infant/child care  | <input type="checkbox"/> Para/Quadraplegic      |
| <input type="checkbox"/> Parkinsons 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 and Activities

- |   |  |   |
|---|--|---|
| <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 |
|-----------------------------------|-------------------------------------|-------------------------------|

### Other Tasks That May Be Required; please check any you are 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       |



**Servant's Heart Homemaker Services**  
Applicant Consent Form for Pre-Employment Investigation

**Employee Information**

Last Name

First Name

Date of Birth

**Terms**

I certify and declare under penalty of perjury under relevant state and federal law that the information contained in my employment application is complete, true, and accurate. I acknowledge that falsification or omission of information may result in immediate dismissal or retraction of any offer of employment. In consideration of your review of my application for employment, I hereby voluntarily consent to and authorize the above employer or its authorized agents bearing this release or copy thereof, to obtain a consumer report for employment.

I agree that this consumer report may include any of the following:

- Criminal Records
- Civil Cases
- Motor Vehicle Records
- Military Service Verification
- Credentials Verification
- Education Verification
- Employment Verification
- Personal Identity Verifications
- Past Employment Verification
- Reference Checks
- Credit Report

I authorize all persons and organizations that may have information relevant to this form to disclose such information to the above employer or its authorized agents. I hereby release the above employer, its authorized agents, and all persons and organizations providing information from all claims and liabilities of any nature in connection with this research. I hereby further authorize that a photocopy of this authorization may be considered as valid as the original. I understand that I have specific prescribed right as a consumer under the federal Fair Credit Reporting Act ('FCRA'), and may have additional rights under relevant state law.

**Signatures for Authorization**

Signature of Applicant

Date

Staff Signature

Date