

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or the number of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

_____ Mornings _____ Afternoon _____ Evenings _____ Overnights _____ Weekends

Please indicate the types of services which you are willing to provide:

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Errand running*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Housekeeping	<input type="checkbox"/>	Dementia & Alzheimer's Care
<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Office/Clerical

**In order to be able to run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client that smokes? Yes / No

JOB RELATED SKILLS

Describe any training you have that apply to caring for a senior or persons with disabilities:

Describe any work history you have that would apply to caring for a senior or persons with disabilities:

EDUCATION *

Highest level of education completed? _____

School Type	School Name	City, State	Major/Subject	# Yrs Attended	Graduate
High School					Y / N
College/University					Y / N

*For employment our minimum education requirement is either a GED or High School diploma

REFERENCES

Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

Full Name	Phone Number	Relationship	Number of Years Known
1)	H () W ()		
2)	H () W ()		
3)	H () W ()		

CERTIFICATION AND RELEASE: I understand that any false information, omissions or misrepresentations of facts on this application may result in rejection of my application or discharge at any time during my employment. I authorize the company to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that my employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between *H3 Care, Inc.*, and myself is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE