

# SPECIALTY HOME CARE, LLC

## Employment Application

APPLICANT INFORMATION												
Last Name			First			M.I.		Date				
Street Address						Apartment/Unit #						
City				State		ZIP						
Phone	H:		C:		E-mail Address							
Date Available			Social Security No.			Desired Wage						
Position Applied for												
Are you a citizen of the United States?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>		NO <input type="checkbox"/>
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, explain					
EDUCATION												
High School			Address									
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
College			Address									
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address									
From		To		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
REFERENCES												
<i>Please list 2-3 personal references.</i>												
Full Name					Relationship							
Company					Phone		(      )					
Address												
Full Name					Relationship							
Company					Phone		(      )					
Address												
Full Name					Relationship							
Company					Phone		(      )					
Address												

**PREVIOUS EMPLOYMENT (PROFESSIONAL REFERENCES)**

Company					Phone	(      )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	(      )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company					Phone	(      )	
Address					Supervisor		
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

**MILITARY SERVICE**

Branch				From		To	
Rank at Discharge				Type of Discharge			
If other than honorable, explain							

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature				Date		
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**How did you hear about us?** \_\_\_\_\_

**If you are applying for hourly, what days/hours are you available? Please be honest and list only the days and hours you can work. This will have no impact on whether or not you are hired as we need caregivers for all days and hours. It will only help us to match you with the right family.**

<b>Monday:</b> _____	<b>Friday:</b> _____
<b>Tuesday:</b> _____	<b>Saturday:</b> _____
<b>Wednesday:</b> _____	<b>Sunday:</b> _____
<b>Thursday:</b> _____	

**Will you be available on holidays? Yes or No**

**Are you interested in working night shift? Yes or NO (Typically from 9pm to 7am with 8 hrs sleep)**

**I \_\_\_\_\_, HEREBY AUTHORIZE Specialty Home Care, LLC TO REQUEST AND RECEIVE FROM ALL PRIOR EMPLOYERS WITHIN ONE YEAR OF THE DATE OF THIS APPLICATION, ANY AND ALL PERTINENT INFORMATION CONCERNING MY PRIOR EMPLOYMENT AND ITS TERMINATION, INCLUDING THE REASONS FOR SUCH TERMINATIONS. (We require at least (2) satisfactory references in order to be considered for employment.) I hereby state that all of the foregoing information I have supplied in this application is a true and complete statement of the facts. False statements contained in this application are immediate cause for dismissal from registrant caregiver status. I further give my permission for this agency to verify all schooling and references.**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Applicant**

# **Specialty Home Care, LLC**

## CRIMINAL BACKGROUND CHECK RELEASE FORM

I, \_\_\_\_\_, understand that by signing this form, Specialty Home Care, LLC has the right to review my background. This will include, but will not be limited to, sending out written and or oral references and getting a full criminal background check per state law.

S.S. # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_\_

Any Alias including Maiden Name: \_\_\_\_\_

Please list what county or counties you lived in during the last 7 years. A PA State Background check will be conducted prior to starting employment with Specialty Home Care, LLC. If you lived in the State of Pa for less than 5 years, we will also conduct a Federal Background check, per state law. If you are not hired based on a criminal background you have the right to appeal.

County: \_\_\_\_\_ Year: \_\_\_\_\_

County: \_\_\_\_\_ Year: \_\_\_\_\_

County: \_\_\_\_\_ Year: \_\_\_\_\_

If you have any criminal record, please check the appropriate space below: (Please refer to "List of Prohibited Convictions".)

Yes \_\_\_\_\_ No \_\_\_\_\_

If the above answer is "Yes" please explain in full the details of your conviction in the space provided below:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_