

Please complete all requested information. Applicants may be asked to provide additional information on separate forms. This application will be kept on an active status for a period of 6 months. It is the applicant's responsibility to periodically check and update their application. All applicants will be required to complete this employment application to be considered for an open position with Sincere Home Care. A resume will not substitute for a completed employment application.

SINCERE HOME CARE IS AN EQUAL OPPORTUNITY EMPLOYER. WE ENCOURAGE ALL QUALIFIED INDIVIDUALS TO APPLY FOR EMPLOYMENT.

Applicant Information	
Complete Name	Today's Date
Present Address	Apartment #
City	State
Telephone Number	Zip Code
Referral Name (if applicable)	Email
Referral Name (if applicable)	Referral Number (If applicable)

Employment Desired							
Position	Salary Desired			Date you can start work			
Hours available for each day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Are you PCA Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If no, please register for the certificate at www.sincerehomecaremn.com							
Are you willing to work with more than one client? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you pet friendly? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you willing to work with minors/disabled community? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Are you applying to work with a specific client? <input type="checkbox"/> Yes <input type="checkbox"/> No			Client Name:		Client Number:		
Are you presently working with another home care agency? <input type="checkbox"/> Yes <input type="checkbox"/> No				Company Name:			

Professional References			
Name	Address, Phone Number & Email	Company & Title	Years Acquainted

Education

School	Name and Address of School	Years Completed	Did you graduate	Degree or Diploma
High School				
College				
Post College				
Trade, Business School				
List Skills/Bilingual				

Former Employers

From:	Name & Address of Employer	Salary or Hourly	Position	Reason for leaving
To:				
Duties Performed				
Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From:	Name & Address of Employer	Salary or Hourly	Position	Reason for leaving
To:				
Duties Performed				
Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
From:	Name & Address of Employer	Salary or Hourly	Position	Reason for leaving
To:				
Duties Performed				
Supervisor's Name		Phone Number	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

I hereby authorize Sincere Home Care (SHC) to thoroughly investigate my background, references, employment record and other matters related to my suitability for employment. I authorize persons, schools, my current employer, (if applicable) previous employers and organizations contacted by SHC to provide any relevant information regarding my current and/or previous employment. I understand that misrepresentation or omission of facts may result in rejection of this application, or if hired, discipline up to and including dismissal. I understand that nothing contained in this application, conveyed during any interview which may be granted, is intended to create an employment contract. I understand that filling out this form does not indicate there is a position open and does not obligate SHC to hire me. I understand and agree that my employment is at will, which means that it is for no specified period and may be terminated by me or SHC at any time without prior notice. If for any reason, I terminate my employment willingly, I understand that I am required to submit a two-week notice prior to termination.

Signature: _____

Date: _____

Home Health Care Questionnaire

Using complete sentences, please answer the following questions about the following scenarios

1. You have been providing homemaker services for Abigail for 6 months. Today she asks you to drive her to get ice cream. This is the first time she has made such a request as your regular tasks include cleaning her bathroom, kitchen and completing her laundry. Describe how you would respond to her request?

2. As a healthcare worker, you and Martin take the bus every Friday to volunteer at the food shelf. Today this bus is running late, and 20 minutes have passed. Martin is beginning to become very upset with you. He begins yelling at you and pacing rapidly on the street corner. How do you react to this situation?

3. John is a 20-yr. old man with autism. John does not communicate verbally or through sign language. John lives with his parents, who are his legal guardians. Today is your first day working with John. You were informed by the agency that John needs significant help in most areas of personal cares, such as grooming, hygiene, bathing, toileting dressing and eating. When you arrive for your shift, John's parents communicate their expectations of you, including that they do not want John to sit and watch TV all day as he has done in the past. List 3 activities you could do with John during your shift and 3 tasks you must complete before the end of your shift.

4. Your regular shift begins at 8am to help Mary get ready for school and assist her with getting on the school bus. Today, on your way to work, you get a flat tire and know that you will be late to Mary's home. Mary is a minor child who parents work. Who is the first person you should call to inform of your situation? Who do you call next?