Living Care Home Services, LLC

Mail or fax to:
875 N. Easton Rd Ste 4B
Doylestown, PA 18902
Phone: 215-348-4008 Fax: 215-348-4489

EMPLOYMENT APPLICATION

EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

FIRST NAME	MIDDLE	LAST
ADDRESS		
DATE OF APPLICATION	HOME PHONE	CELL PHONE
SOCIAL SECURITY #	DATE OF BIRTH	REFERRED BY

EDUCATION

SCHOOL	NAME & LOCATION	DATE GRADUATED	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE/TRADE			

EMPLOYMENT DESIRED

☐ LIVE-IN

DATE AVAILABLE TO START: _____

☐ HOURLY Please mark days and times available.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

EXPERIENCE

Please check all you have experience with. Describe experience and / or training:

TYPE OF CLIENT/CARE	DESCRIBE WORK EXPERIENCE	HAVE TRAINING DOCUMENTATION?
☐ Bathing		☐ Yes ☐ No
☐ Dressing		☐ Yes ☐ No
☐ Transferring		☐ Yes ☐ No
☐ Toileting		☐ Yes ☐ No
☐ Hair Care		☐ Yes ☐ No
☐ Skin Care		☐ Yes ☐ No
☐ Mouth Care		☐ Yes ☐ No
☐ Medication Assist		☐ Yes ☐ No
☐ Feeding Assist		☐ Yes ☐ No
☐ Nutrition		☐ Yes ☐ No
☐ Hospice		☐ Yes ☐ No
☐ Incontinence		☐ Yes ☐ No

CONTINUED ON OTHER SIDE

EMPLOYMENT HISTORY

Are you currently employed? □ Yes □ No
May we call your current employer for a reference? □Yes □ No
List below your last 3 employers; phone numbers **MUST** be given.

EMPLOYER Name, Address, **Phone Number**	PRIMARY DUTIES	FROM MO/YR	TO MO/YR	SALARY	REASON FOR LEAVING

Are you a C.N.A.? □ Yes □ No Are you a certified Home Health Aide? □ Yes □ No
If yes, certification number and expiration date: _____
What are your salary requirements? _____
Do you have any physical limitations? □ Yes □ No If so, what accommodations or limits on duties do you require? _____
Do you have a valid driver's license? □ Yes □ No State _____ Exp. _____
Do you have valid car insurance? □ Yes □ No State _____ Exp. _____
Have you ever been convicted of a felony or misdemeanor including **any** form of abuse?
□ Yes □ No
If yes, explain: _____

List ALL addresses where you have lived for the past TWO years:

STREET	CITY	STATE	ZIP	FROM – TO DATES

AUTHORIZATION

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

If employed by Living Care Home Services, I hereby agree to comply with all its policies and procedures.

I authorize all employers and schools to furnish to Living Care Home Services my employment and academic records, and hereby release all parties from all liability for any damage arising there from.

Signature _____ Date _____