



APPLICATION FOR EMPLOYMENT
HEART & HOME SENIOR CARE, LLC
3002C Lincoln Drive West
Marlton, NJ 08053
Phone: 856-983-8055 Fax: 856-983-8056
www.hhsrc.com

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin or marital status.

PERSONAL INFORMATION

Last Name		First Name	Middle Initial	Social Security Number	
Home Address:		City		State	Zip Code
Home Phone No:		Position applying for: (please circle) Certified Home Health Aide Companion		Date of Birth	Desired Hourly Rate: \$
Work Phone No:					
Email address:					
Emergency Contact: (Name, relationship and phone):					

EDUCATION

	Name & Address of School	Dates Attended To - From	Years Completed	Did You Graduate?	Degree/Diploma
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

RELATED EXPERIENCE

Please describe your actual work experience with the elderly or other related experience:

LICENSING INFORMATION

	Type of License or Certification Currently Held (RN, LPN, CHHA, etc.)	License Issuing Authority (ex. NJ Board of Nursing)	License Number	License Expiration Date
1				
2				
3				

ADDITIONAL INFORMATION

Do you have a valid NJ driver's license & reliable transportation that could be used to transport a client? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Driver's License Number and Exp. Date:	Automobile Insurance Carrier:
Automobile Insurance Policy No. & Expiration Date:	
Motor Vehicle Registration Number & Expiration Date:	
Are you authorized to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain.	
Have you ever been convicted of a crime other than a traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: (Note: conviction is not an absolute barrier to employment)	

WORK HISTORY

Please tell us about your work history for the past 3 years starting with your most recent employer. If you need additional space, please use the back of this page or attach a separate sheet of paper. If you have been employed by more than 5 employers during that time, please list the 5 employers immediately preceding the date of this application.

Employer's Name		Job Title	Employed From: To:	Reason for Leaving
Address				Supervisor's Name
Employer's Phone Number	Starting Salary: Ending Salary:	Alternate Supervisor's Name & Phone Number		Supervisor's Phone Number

Employer's Name		Job Title	Employed From: To:	Reason for Leaving
Address				Supervisor's Name
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Employer's Name		Job Title	Employed From: To:	Reason for Leaving
Address				Supervisor's Name
Phone Number	Starting Salary: Ending Salary:	Alternate Supervisor's Name & Phone Number		Supervisor's Phone Number

PERSONAL REFERENCES

Please do not list family members as references

Name of Reference	Years Known	Relationship	Mailing Address	Phone

AVAILABILITY

List towns or counties where you can work (or the amount of time you are willing to travel to reach a client):

How many hours per week do you prefer to work? _____ What is the **maximum** number of hours/week you can work? _____

Are you available for **overnight and/or weekend work**? _____

Please indicate specific times each day you would be available to work: **Monday:** _____ **Tuesday:** _____

Wed: _____ **Thursday:** _____ **Friday:** _____ **Saturday:** _____ **Sunday:** _____

Can we assign you to a client who is a smoker? Yes No

Can we assign you to a client who has a cat or dog? Yes No

How did you hear of this position (newspaper ad, friend, co-worker)? _____

Name of person that referred you: _____

APPLICANT'S CERTIFICATION & AGREEMENT:

I certify that any and all statements that I have set forth in this application are true and correct to the best of my knowledge. I understand that any omission or misrepresentation by me in this application are cause for possible cancellation of this application or, if employed, may be cause for dismissal, regardless of time of discovery. Any offer of employment is contingent upon completion of a successful background investigation. I further understand that if I am hired by Heart & Home Senior Care, I must agree, in writing, to comply with the Heart & Home Employment Manual. Any employment resulting from this application will be employment at will. This means that an employee has the right to terminate their employment at any time for any reason, and the company may exercise the same right.

All applicants for employment will be considered without regard to race, religion, color, national origin, sex, marital status, pregnancy status, age, disability, veteran status, sexual orientation, or sexual affectation.

I _____ (Applicant) hereby authorize Heart & Home Senior Care, LLC. to request and receive from all prior employers, within 3 years of the date of this application, any and all pertinent information concerning my prior employment and its termination, including the reasons for such termination. I hereby release said companies, organizations, agents, individuals, and Heart and Home Senior Care, L.L.C. from any liability for any damage whatsoever resulting from the giving of such information.

APPLICANT'S SIGNATURE: _____

DATE: _____