



Kindhearted Home Care, LLC
 120 S. Mill Street
 Merrill, WI 54452

Today's Date _____

Position(s) Applied For _____

Employment Application

Instructions

If you have any questions while filling out this application form or any phase of the employment process, please let us know and we will answer any and all questions you may have. Please complete all pages of this application. Print clearly - incomplete or illegible applications may not be accepted.

PERSONAL INFORMATION

Name (Last) _____ (First) _____ (Middle) _____

Maiden Name or Other Names Used _____

Current Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Phone (Home) _____ (Work) _____ (Cell) _____

Date of Birth _____ Email Address _____ SS# _____

EDUCATION

School Type	School Name	City, State	Major/Subject	Dates Attended	Graduate
High School					Yes / No
College					Yes / No
Technical					Yes / No
Other					Yes / No

JOB SKILLS

Describe any work history or life skills you have regarding the position applied for _____

Describe any training you have regarding the position applied for _____

Do you have any physical limitations? Yes / No (Bending, Stooping, Lifting, Carrying) If yes, explain _____

Are you comfortable lifting the following? (Check all that apply) _____ 25 lbs. _____ 50 lbs. _____ 75 lbs. _____ 100 lbs.

FORMER EMPLOYERS

1)

Name of **MOST RECENT** Employer _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Starting Date _____ End Date _____ Job Title _____ Phone _____

Supervisor Name _____ Title _____ May we contact? Yes / No

Description of Work _____

Reason for Leaving _____

Hourly rate / salary: Start \$ _____ per _____ End \$ _____ per _____

2)

Name of **SECOND MOST RECENT** Employer _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Starting Date _____ End Date _____ Job Title _____ Phone _____

Supervisor Name _____ Title _____ May we contact? Yes / No

Description of Work _____

Reason for Leaving _____

Hourly rate / salary: Start \$ _____ per _____ End \$ _____ per _____

3)

Name of **THIRD MOST RECENT** Employer _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Starting Date _____ End Date _____ Job Title _____ Phone _____

Supervisor Name _____ Title _____ May we contact? Yes / No

Description of Work _____

Reason for Leaving _____

Hourly rate / salary: Start \$ _____ per _____ End \$ _____ per _____

AVAILABILITY

Available Start Date _____ Desired Salary _____

Are you employed now? Yes / No If yes, may we contact your current employer? Yes / No

Please complete all areas of availability*:

_____ Full-Time _____ Part-Time Hours/Week Desired _____

_____ Mornings _____ Afternoons _____ Evenings _____ Overnights _____ Weekdays _____ Weekends

**We cannot make any guarantees of the amount of hours worked.*

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

_____ Companionship _____ Housekeeping _____ Errands/Shopping _____ Meal Preparation

_____ Laundry/Ironing _____ Personal Cares _____ Activities _____ Medication Reminders

_____ Dementia Care _____ Developmentally Disabled Care _____ Physically Disabled Care

Are you willing to provide service to a client with a pet? Yes / No If yes, which type of pet: _____ Cats _____ Dogs

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

REFERENCES

Give the names of 3 professional & 3 personal references you have known at least one year and are not related to.

Professional References

Name	Address	Phone #	Years Known

Personal References

Name	Address	Phone #	Years Known

MILITARY RECORD

Branch of Military _____ Discharge Date _____

Specialty / Training _____

GENERAL QUESTIONS

Have you ever been convicted or arrested for a felony? Yes / No

If yes, please explain (will not necessarily exclude you from consideration) _____

Have you ever submitted an application here before? Yes / No If yes, when? _____

How did you hear about Kindhearted Home Care, LLC? _____

Why are you interested in working at Kindhearted Home Care, LLC? _____

What do you have to offer the company? What are your best assets? _____

What do you like (or think you would like) **MOST** about working with older adults, developmentally disabled adults & physically disabled adults?

What do you like (or think you would like) **LEAST** about working with older adults, developmentally disabled adults & physically disabled adults?

I agree the information and answers given by me are true and complete to the best of my knowledge. I understand that my position may be terminated if it is found that any of the given information is incomplete, untrue or misleading in the application, or on any document or form executed by me at any time during my employment. I also here by authorize you to investigate my background, credit and DMV record as deemed necessary. I further understand that my offer of employment by Kindhearted Home Care, LLC may be contingent upon my passing an Essential Function Screen and Drug Screen.

Signature _____ Date _____

Release Authorization and Fair Credit Reporting Act Disclosure

This is to notify you that in connection with your application for employment or contact, we may procure a consumer report on you as part of the process of considering your application. In the event that information from the report is utilized in whole or in part in making an adverse decision, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the Fair Credit Reporting Act.

Please be advised that we may also obtain an investigative criminal background report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your present and previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested.

By signing below, you authorize all entities having information about you, including present and former employers, criminal justice agencies, departments of motor vehicles, schools, and credit reporting agencies, to release such information to this prospective or present employer and its insurance agency.

This release and authorization shall remain valid and in effect during the term of your employment or contract. We reserve the right to run subsequent consumer reports and/or investigative consumer reports on an as-needed basis.

Authorized Signature _____ Date _____

Full Name _____

Maiden / Previous Names _____

Date of Birth _____ Social Security # _____

Driver's License # _____ State of Issue _____

Current Residence Address _____
