



Name: _____

Welcome to We Care Home Care

When applying for a position with us, applicant must submit all the following documents. Please Check all documents that you are turning in with your application:

1. ☐ Driver's license
2. ☐ Social security card
3. ☐ CNA certification
4. ☐ CPR and first aid certification
5. ☐ TB - PPD test results/x-ray
6. ☐ Background check

What counties are you willing to work in?

What days/hours are you available to work?

- | | | | |
|------------------------------------|-------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Champaign | <input type="checkbox"/> Miami | <input type="checkbox"/> 7:00AM-3:00PM | <input type="checkbox"/> Monday |
| <input type="checkbox"/> Clark | <input type="checkbox"/> Montgomery | <input type="checkbox"/> 3:00PM-11:00PM | <input type="checkbox"/> Tuesday |
| <input type="checkbox"/> Darke | <input type="checkbox"/> Preble | <input type="checkbox"/> 11:00PM-7:00AM | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Greene | <input type="checkbox"/> Shelby | <input type="checkbox"/> _____ | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Logan | | | <input type="checkbox"/> Friday |
| | | | <input type="checkbox"/> Saturday |
| | | | <input type="checkbox"/> Sunday |

Failure to do so will delay employment process and start date.

Thank you for your cooperation!

We Care Home Care is an equal employment opportunity. Employer does not discriminate because of race, color, religion, sex, age and national origin



Application for Employment

Date: _____

Personal Information

First Name: _____ Last Name: _____ Middle: _____

Address _____ City _____ State _____ Zip _____

Email: _____ Phone: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

How did you hear about us: ☐ Newspaper ☐ Internet ☐ Flyers ☐ other (specify: _____)

Referred by: _____

Have you ever applied with We Care Home Care? ☐ YES ☐ NO

If so, please specify (dates) _____

Do you have any allergies or special medical condition? ☐ YES ☐ NO

If yes, please specify: _____

Do you have a valid driver's license? ☐ YES ☐ NO

Do you have reliable transportation? ☐ YES ☐ NO

Are you legally authorized to work in the United States? ☐ YES ☐ NO

Have you ever been convicted with a felony? ☐ YES ☐ NO

Educational background

	SCHOOL NAME AND LOCATION	DATES	GRADUATED	TYPE OF DEGREE	SUBJECTS
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO		
College			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Business, Trade or correspondence school (s)			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Undergrad			<input type="checkbox"/> YES <input type="checkbox"/> NO		
Grad School			<input type="checkbox"/> YES <input type="checkbox"/> NO		



CERTIFICATIONS AND LICENSES

Do you have your CPR and First- aid certification? ☐ YES ☐ NO

If so, certifications issued date: ☐ YES ☐ NO

Has license/certification ever been issued in another state? ☐ YES ☐ NO

Do you have a valid license/certification? ☐ YES ☐ NO

License/certification type:	State:	License Number	Expiration date:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Has your professional license, certificate or registration ever been subject to disciplinary action by any state board such as by reprimand, suspension or revocation? ☐ Yes ☐ No

Are you currently working under a consent order or with a restricted license? ☐ Yes ☐ No

Are you aware of any pending complaints or investigation against your professional license, certificate or registration in any state to the best of your knowledge? ☐ Yes ☐ No

Do you have any restrictions which would interfere with your ability to perform the essential duties of the position for which you have applied? ☐ Yes ☐ No

Do you have professional liability insurance? ☐ Yes ☐ No

_____	_____	_____
Carrier Name	Policy Number	Expiration date

WORK HISTORY

Start with your most recent employment

MUST HAVE 5 YEARS OF EMPLOYMENT LISTED

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER(S)	ENDING SALARY	POSITION HELD	REASON FOR LEAVING
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				
FROM: _____ TO: _____				



PERSONAL REFERENCES

Give below names of three persons NOT related to you, whom you have known at least 1 year

NAME	ADDRESS AND PHONE NUMBER	TYPE OF BUSINESS	YEARS KNOWN

EMERGENCY CONTACT INFORMATION

Please help us protect you better by providing the HR Department with names and phone numbers of people to be contacted in case of an emergency. This information will be kept in your employee file and used only in an emergency.

To be effective, the people you provide should be individuals who can be reached during daytime hours (spouse, family members, friends, neighbors, etc.).

EMPLOYEE

FIRST NAME: _____ LAST NAME: _____ M.I: _____

EMERGENCY CONTACT 1

FIRST NAME: _____ LAST NAME: _____

PHONE: _____ ALTERNATE: _____ RELATIONSHIP: _____

EMERGENCY CONTACT 2

FIRST NAME: _____ LAST NAME: _____

PHONE: _____ ALTERNATE: _____ RELATIONSHIP: _____



Acknowledgment and Authorization

I represent that the information provided in this employment application (and accompanying documents, if any) is true and complete. I understand that any false information or significant omissions may disqualify me from any further consideration for employment and may be justification for dismissal from employment if discovered at a later date. I agree to immediately notify We Care Home Care, LLC if I should be convicted of any crime while my job application is pending.

I authorize investigation of all statement contained in this application and authorized any individual or entity to provide information and opinion to We Care Home Care, LLC as part of the investigation. I authorize We Care Home Care, LLC to disclose information contained in this application along with any information about me obtained through investigation or during the course of the interview process. I release We Care Home Care, LLC and any individual, or entity providing information to We Care Home Care, LLC from any legal liability for any damages; from the disclosure of this information.

I understand that if accused of wrongdoing while employed, I may be subjected to probe by an outside agency.

I understand that if I am hired; my employment is "at will" which means that it is for no definite period of time and may be terminated by me or We Care Home Care, LLC at any time for any reason.

I understand that if I am hired; We Care Home Care, LLC does not guarantee any specific number of hours or shifts. I understand and agree that I will not accept employment by any We Care Home Care, LLC client where I have been assigned by We Care Home Care, LLC for a period of two years following termination of my employment with We Care Home Care, LLC.

I understand that if I am hired, a client may decide not to utilize my services at any time and will inform We Care Home Care, LLC if this occurs. That decision is made solely by the client. I understand that disclosure of the reason(s) for any such decision is at the sole discretion of the client and that I am not privy to that information. I understand and acknowledge that if this occurs, I may not be assigned to other clients. In the event I have any concerns regarding my assignment to a client, I will immediately bring my concerns to We Care Home Care. LLC.

I agree, if I am hired by We Care Home Care. LLC, to keep my credentials and JCAHO and OSHA in service requirements current, and to abide by the policies, procedures and supervision of the client to which I am assigned and those of We Care Home Care. LLC.

I certify that the information I have provided in this application is true and complete to the best of my knowledge, and I understand that one or more falsified statements within this application is grounds for rejection. I understand the content, terms and conditions and I was given the opportunity to ask questions. By signing this document, I certify that I agree and accept the information contained in this document.

Applicant signature: _____ Date: _____



BACKGROUND INFORMATION

FOR THIS TYPE OF EMPLOYMENT, STATE LAW REQUIRES A NATIONAL AND STATE BACKGROUND CHECK AS A CONDITION OF EMPLOYMENT.

First Name: _____ Last Name: _____

Address	City	State	Zip
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Social Security Number: _____

We Care Home Care requires that all employees must show proof of evidence of free of abuse and negligence and all employees must meet the following minimum requirement.

I authorize We Care Home Care to receive any criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Ohio and other states that I have lived in.

I understand that a criminal conviction does not result in automatic bar to employment and will be considered only as it relates to the job in question and the policies and practices of the assignment site.

I release any legal claim I may have against We Care Home Care, its officers, agents and employees for requiring the background check.

Never have shown by credible evidence (e.g. a court or jury, a department investigation, or other reliable evidence) to have abused, neglected, sexually assaulted, exploited, or deprived any person or to have subjected any person to serious injury as a result of intentional or grossly negligent misconduct as evidenced by an oral or written statement to this effect obtained at the time of application.

Applicant Signature	Date
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Office Representative Signature	Date
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