



# A Better Solution In Home Care

## EMPLOYMENT APPLICATION

### PERSONAL DATA

Legal Name (Last)	(First, MI)	Position Applied For:		
<b>Address (List all addresses from past seven (7) years – Use back of form if necessary.</b>				
Current Address - Street	City	State	Zip Code	Years at Address
Previous Address – Street	City	State	Zip Code	Years at Address
Home Telephone No.	Current Work Telephone No.		Cellular Telephone No.	
Email Address:	Can you produce evidence of the right to work while in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What type of work are you interested in? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Diem	Date you will be available for work?		Have you ever held a position with ABS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what position?	

### EDUCATION

School Name (City, State Required)	Major/Minor	Graduate	Type of Degree	Grade Point Average
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<input type="checkbox"/> Yes <input type="checkbox"/> No		

### EMPLOYMENT *List all employment during the past 5 years. If you need more space, use additional paper.*

<b>(1) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.		Dates of Employment (mm/yy) From: / to /
Reason for Leaving:	Duties:			
<b>(2) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.		Dates of Employment (mm/yy) From: / to /
Reason for Leaving:	Duties:			
<b>(3) Employer's Name</b>	Street Address	City	State	Zip Code
Job Title	Supervisor's Name/Title	Supervisor's Telephone No.		Dates of Employment (mm/yy) From: / to /
Reason for Leaving:	Duties:			

### LANGUAGES

Language #1	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Language #2	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write	Language #3	<input type="checkbox"/> Speak <input type="checkbox"/> Read <input type="checkbox"/> Write
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### BUSINESS REFERENCES

Name	Job Title	Address	Telephone Number

### PLEASE INDICATE YOUR SCHEDULE AVAILABILITY, TRAVEL AVAILABILITY AND SKILLS

<b>Please check DAYS available</b>	<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<b>Comments:</b>	
<b>Please check SHIFTS available</b>	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> PM	<input type="checkbox"/> Night	<input type="checkbox"/> 1-2 hours	<input type="checkbox"/> 2-4 hours	<input type="checkbox"/> 4-8 hrs.	<input type="checkbox"/> 8-12 hrs.	<b>Other:</b>
<b>Number of WEEKENDS available to work per month</b>				<b>Which holidays are you available to work?</b>				<input type="checkbox"/> New Year's Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Independence Day <input type="checkbox"/> Labor Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day	
<b>How many MILES are you willing to drive to and from work?</b>						<b>Comments:</b>			

### CLIENTS YOU ARE NOT WILLING/ABLE TO WORK WITH

<input type="checkbox"/> Dementia/Alzheimer's	<input type="checkbox"/> Smokers
<input type="checkbox"/> Mental Retardation	<input type="checkbox"/> Pets ( <i>Specify</i> ): <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other:
<input type="checkbox"/> Behavioral Disorders	<input type="checkbox"/> Females
<input type="checkbox"/> Elderly (over 65)	<input type="checkbox"/> Males
<input type="checkbox"/> HIV Positive/AIDS	<input type="checkbox"/> Client use of medically prescribed marijuana
<input type="checkbox"/> Other ( <i>Specify</i> ):	

### TRANSPORTATION

What type of transportation do you use?	<input type="checkbox"/> Car <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other:
Do you have a valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you willing to escort a client on public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to transport clients in your private vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments:
Do you have auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you willing to drive a client's vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**AUTHORIZATION AND UNDERSTANDING**

**RELEASE OF PRIOR PERSONNEL  
INFORMATION**

By signing this application, I agree that all of the information now or later given by me in support of my application for employment is true and complete. I understand that A Better Solution may verify any of the information concerning my employment, education and/or criminal history with the appropriate individuals, organizations or governmental agencies. I give these individuals, organizations or governmental agencies my permission to release any information that is needed, including my previous disciplinary record, without requiring them to contact me or give me a written notice before revealing the information to A Better Solution. I agree that any false information in support of my application may subject me to discharge at any time during my employment.

**AT-WILL EMPLOYMENT STATUS**

**I AGREE THAT EITHER PARTY MAY TERMINATE THE EMPLOYMENT RELATIONSHIP, WITH OR WITHOUT CAUSE, AT ANY TIME, FOR ANY REASON, AND I FURTHER AGREE THAT THIS AGREEMENT MAY ONLY BE CHANGED BY THE PRESIDENT/CEO OF THE COMPANY, IN WRITING, DIRECTED TO ME PERSONALLY, AND SIGNED BY THE PRESIDENT/CEO.** I agree that I shall be bound by the other rules, regulations, and terms and conditions of employment of the company as they are from time to time changed and that no additional obligations can be imposed by me on the company except those which have been acknowledged, in writing, by the company CEO/President or his/her designated representative. I further agree that my employment is conditional upon satisfactory completion of documentation as required by the Immigration Reform and Control Act of 1986 and until such time as the result of my pre-employment physical (if such physical is required) is known.

**RELEASE FOR REFERENCE  
CHECKS**

I authorize A Better Solution to contact my previous employers for work-related references.

**RELEASE FOR BACKGROUND SCREENING**

I authorize A Better Solution to verify any information that I provide in connection with my employment. I release A Better Solution and its authorized representatives of all liability resulting from the use of background information about me for employment purposes.

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Applicant's Signature

\_\_\_\_\_  
Date