



EMPLOYMENT APPLICATION for HOME CARE WORKER

| Personal Information | |
|--------------------------|--|
| Name | First _____ 2 nd Initial _____ Last: _____ |
| Address | Street: _____ Apartment: _____ City: _____ State: _____ Zip: _____ |
| Phone | Home: _____ Cell: _____ Other: _____ |
| Electronic | Email Address: _____ |
| Date of Birth | Day: _____ Month: _____ Year: _____ |
| SIN | Social Insurance Number: _____ |
| Gender | Male: _____ Female: _____ |
| Language | What languages do you speak? _____ _____ |
| Emergency Contact | Name & Phone Number of Person to contact in the event of an emergency: Local: _____ Out-of-Area: _____ |
| Education | |
| Formal | Diploma: _____ Certificate: _____ Degree: _____ Other: _____ Other: _____ |

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| Informal | Do you have current First Aid Certification (State Level): _____ Expiry Date: _____ Do you have current CPR? _____ Expiry Date: _____ Have you taken a Food Safety course? _____ Other: _____ (Specify) Other: _____ (Specify) |
| Restrictions | |
| Work Limitations | List any work limitations that you may have and briefly describe: Hearing: ___ Yes ___ No _____ Speech: ___ Yes ___ No _____ Lifting: ___ Yes ___ No _____ Health: ___ Yes ___ No _____ Physical: ___ Yes ___ No _____ Emotional: ___ Yes ___ No _____ Other: ___ Yes ___ No _____ |
| Availability for Work | |
| Hours & Days Available for Work | _____ Full-time _____ Part-time _____ Short-notice _____ Split Shift Indicate Days and List Hours Available for Work: _____ Sunday: From: _____ To: _____ _____ Monday: From: _____ To: _____ _____ Tuesday: From: _____ To: _____ _____ Wednesday: From: _____ To: _____ _____ Thursday: From: _____ To: _____ _____ Friday: From: _____ To: _____ _____ Saturday: From: _____ To: _____ What is the minimum number of hours you will work in one day? _____ What is the maximum number of hours you will work in one day? _____ |
| Type of Work Seeking | |
| Type of Position(s) Preferred | _____ Home Maker _____ Personal Care _____ Companion _____ Live-In _____ Other: _____ (Specify) Live-in care usually requires that you to in a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: _____ Weekdays (Monday a.m. to Friday a.m.) _____ Weekends: (Friday a.m. to Monday a.m.) |
| Clients Not Willing/Able to Work With | _____ Dementias/Alzheimer's _____ Physical Disabilities _____ Smokers _____ Pets _____ Mental Retardation _____ Females _____ Behavioral Disorders _____ Males _____ Elderly (over 65) _____ Client use of marijuana for medicinal purposes _____ Children _____ HIV Positive/Aids _____ Other: _____ (Specify) |

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| Duties Not Willing/Able to Perform | <input type="checkbox"/> Bathing <input type="checkbox"/> Grooming <input type="checkbox"/> Oral Care <input type="checkbox"/> Dressing <input type="checkbox"/> Bowel Care <input type="checkbox"/> Bladder Care <input type="checkbox"/> Feeding <input type="checkbox"/> Ambulation <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Friendly Reassurance Phone Call/Home Visit <input type="checkbox"/> Other _____ |
| Experience | Indicate which of the following you have experience in: <input type="checkbox"/> Bathing/Showering <input type="checkbox"/> Grooming <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Dressing <input type="checkbox"/> Bowel Care <input type="checkbox"/> Bladder Care <input type="checkbox"/> Feeding <input type="checkbox"/> Ambulation <input type="checkbox"/> Toileting <input type="checkbox"/> Housekeeping <input type="checkbox"/> Laundry <input type="checkbox"/> Meal Preparation <input type="checkbox"/> Shopping <input type="checkbox"/> Transportation <input type="checkbox"/> Medication Reminding <input type="checkbox"/> Friendly Reassurance Phone Call or Home Visit <input type="checkbox"/> Socialization <input type="checkbox"/> Other _____ <i>(Specify)</i> |
| Assignment Location | Are you restricted in the geographical location you are willing/able to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ |
| Transportation | |
| Type | <input type="checkbox"/> Private Vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Bike <input type="checkbox"/> Other: _____ <i>(Specify)</i> |
| Driver's License | Do you have a valid Driver's License?: _____ |
| Transporting Clients | Are you willing to transport clients in your private vehicle? _____ Do you have adequate vehicle insurance? _____ Are you willing to drive a client's vehicle? _____ Are you willing to escort a client in their own vehicle? _____ Are you willing to escort a client on public transportation? _____ Comments: _____ |
| Abuse Investigation | |
| | Have you ever been investigated for abuse, neglect or domestic violence? If "yes", explain: <input type="checkbox"/> Yes <input type="checkbox"/> No _____ _____ |

| Reference Information | |
|--|---|
| Work Related #1 (Last Position) | Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____ |
| Work Related #2 (2nd Last Position) | Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____ |
| Work Related #3 (3rd Last Position) | Company Name _____ Address: _____ Telephone No. & Email Address: _____: Supervisor's Name _____: Position Held: _____ Length of Employment: _____ Reason for Leaving: _____ |
| Personal #1 | Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____ (<i>Other than relative.</i>) |
| Personal #2 | Name _____ Address: _____ Telephone No. & Email Address: _____: Nature of Friendship (<i>friend, co-worker, family etc.</i>) _____ (<i>Other than relative.</i>) |

I certify that, to the best of my knowledge, the answers given are true and complete and that purposeful misrepresentation may result in rejection of my application. I authorize investigation of all statements contained in this application, as required. Additionally, I authorize former employers, references and any other individual/organizations to provide information to **Unicare Hawaii, Inc.** and I hereby release and discharge any of the above and **Unicare Hawaii, Inc.** from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with the Agency. I also understand that employment, for certain positions, may be conditional upon successful completion of a substance abuse screening test and a criminal background check

If further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or proof that I am currently authorized to work in the United States.

Applicant's Signature

Date