



APPLICATION FOR EMPLOYMENT

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 | | | |
|----------------------|--|------------|-----|
| Name | | Date | |
| Street Address | | | |
| City | | State | Zip |
| Home Phone | | Cell Phone | |

Have you ever worked for Benefits of Home? No Yes

If yes, dates: _____

How did you hear about Benefits of Home? _____

Have you ever been convicted of a felony? No Yes

| Education | | |
|-----------------------------------|------------------------------|--------------------|
| | Institution Name/City, State | Degree/Certificate |
| High School/GED | | X |
| College/University | | |
| Vocational/Technical/ Business | | |
| Certifications/Other | | |

Work History

List your last three employers, starting with the most recent.

| | | | |
|--------------------|----|--|--|
| Company | | | |
| From | To | <input type="checkbox"/> Paid Employment | <input type="checkbox"/> Unpaid Experience |
| Title | | | |
| Duties | | | |
| | | | |
| Reason for Leaving | | | |
| | | | |
| Supervisor Name | | Phone No. | |

| | | | |
|--------------------|----|--|--|
| Company | | | |
| From | To | <input type="checkbox"/> Paid Employment | <input type="checkbox"/> Unpaid Experience |
| Title | | | |
| Duties | | | |
| | | | |
| Reason for Leaving | | | |
| | | | |
| Supervisor Name | | Phone No. | |

| | | | |
|--------------------|----|--|--|
| Company | | | |
| From | To | <input type="checkbox"/> Paid Employment | <input type="checkbox"/> Unpaid Experience |
| Title | | | |
| Duties | | | |
| | | | |
| Reason for Leaving | | | |
| | | | |
| Supervisor Name | | Phone No. | |

References

List supervisors and persons we may contact to verify your performance and qualifications.

| | | |
|------|---------|-------|
| Name | Company | Phone |
| Name | Company | Phone |
| Name | Company | Phone |

Experience

If you have previously worked with seniors, indicate which of the following tasks you have assisted with and/or performed for seniors.

| | | | | | |
|----------------------|--|---------------------|--|-------------------------|--|
| Companionship | <input type="checkbox"/> Yes <input type="checkbox"/> No | Vacuuming | <input type="checkbox"/> Yes <input type="checkbox"/> No | Laundry | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Bathing/ Dressing | <input type="checkbox"/> Yes <input type="checkbox"/> No | Dusting | <input type="checkbox"/> Yes <input type="checkbox"/> No | Grocery Shopping | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grooming | <input type="checkbox"/> Yes <input type="checkbox"/> No | Clean Bathrooms | <input type="checkbox"/> Yes <input type="checkbox"/> No | Cooking | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Incontinence | <input type="checkbox"/> Yes <input type="checkbox"/> No | Clean Kitchen | <input type="checkbox"/> Yes <input type="checkbox"/> No | Driving | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Transfer Assist | <input type="checkbox"/> Yes <input type="checkbox"/> No | Change Bed Linen | <input type="checkbox"/> Yes <input type="checkbox"/> No | Medication Reminders | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Availability

Please describe what days and times you are available to work.

Full Time Part Time

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Affirmation. I affirm that the facts set forth above in my application for employment are true, correct, and complete to the best of my knowledge. I understand that I may be required to submit information not requested on this application form; that Benefits of Home may verify any information provided by me in the employment process; and that incomplete information or omission of my signature is just cause for rejection of my application.

I understand and agree that, if hired, my employment would be contingent upon conditions specific to the position for which I am applying. I also understand that any omission of information, or erroneous information provided in any part of the employment process, would be sufficient cause for discharge.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|