



Employment Application

Home Sweet Home Cares & Services, LLC

P.O. Box 149

Macksburg, IA 50155

(641)847-0638

homesweethomecaresandservices@gmail.com

Personal Information:

Name:

(First)

(MI)

(Last)

Current Address:

Street Address:

Mailing Address (If different than above):

City/State/Zip Code:

Email Address:

Home Phone #:

Cell Phone #:

Education Information:

Type

Name of School

**Location
(City/State)**

**Number Yrs.
Completed**

**Major &
Degree**

High School

College

Bus./Trade

Professional

Additional

Certifications:

(CNA, CPR, Mandatory Reporter...)

Available To Work:

Sunday	From:	To:	Overnights?	YES	NO
Monday	From:	To:	Overnights?	YES	NO
Tuesday	From:	To:	Overnights?	YES	NO
Wednesday	From:	To:	Overnights?	YES	NO
Thursday	From:	To:	Overnights?	YES	NO
Friday	From:	To:	Overnights?	YES	NO
Saturday	From:	To:	Overnights?	YES	NO
How many hours can you work each week?	Are you available to work holidays?		When are you available to start work?		

Employment desired:	Full-time	Part-Time	Full-Part time
Are you legally authorized to work in the United States?	YES	NO	
Have you applied for Home Sweet Home Cares & Services, LLC before?	YES	NO	
If "YES", please indicate when.			

Have you ever been convicted of a crime? YES NO

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, type(s) of rehabilitation, and what states convictions were performed (A conviction will not necessarily result in the denial of employment):

Do you have any relatives who work for Home Sweet Home Cares & Services, LLC? If yes, please list.

Have you worked under any other name? If yes, please list.

Driving Information

Do you have a driver's license? YES NO		
Driver's License Number	State Issued	Expiration Date

Do you have a vehicle? YES NO If "NO", how would you get to work?

Do you have a chauffeur's license? YES NO

Do you have active auto insurance coverage? YES NO

Do you have full coverage or comp auto insurance? _____

Have you had any automobile accidents in the past three years? YES NO If "YES", how many?

Have you had any moving violations during the past three years? YES NO If "YES" how many? _____

Personal Reference Information

List two personal references. DO NOT LIST relatives or previous supervisors.	
Name: _____	Phone: _____
Relationship: _____	Company: _____
Mailing Address: _____	

Email: _____

Name: _____ Phone: _____

Relationship: _____ Company: _____

Mailing Address: _____

Email: _____

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children or friends. Use additional sheets, if necessary.

Why do you enjoy caregiving?

Employment History

Please list at least two of your work experiences for the past five years beginning with your most recent job held. If you were self-employed, give the company name. Attach additional sheets if necessary.

Name & Address of Employer	Name of last Supervisor	Employment Dates	Pay/Salary
		To: From:	Start: Final:
Phone Number:		Last Job Title:	
Reason For Leaving (Be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

May we contact your present employer? YES NO

If NO, Please Explain Why and Please Provide Us With Another Work Reference:

Name & Address of Employer	Name of last Supervisor	Employment Dates	Pay/Salary
		To: From:	Start: Final:
Phone Number:		Last Job Title:	
Reason For Leaving (Be specific):			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:

May we contact your present employer? YES NO

If NO, Please Explain Why and Please Provide Us With Another Work Reference:

PLEASE READ CAREFULLY APPLICATION FORM WAIVER.

In exchange for the consideration of my job application by Home Sweet Home Cares & Services, LLC (hereinafter called "the Company"), I agree that: Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of the Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. If employed, I understand that both the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I hereby release any and all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any cause of action I might otherwise have against such employer arising out of the provision of information concerning my employment. I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party. I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

Signature of applicant: _____ Date: _____

Printed name: _____

Home Sweet Home Cares & Services, LLC is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application form and for your interest in our business. Please return this application to our office at your earliest convenience.