

MT. Hood Home Care Service LLCs

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Administrator email: Shannon@mthoodhomecareservice.com

PO Box 1478 Sandy Oregon 97055



APPLICATION FOR EMPLOYMENT		
Name:		
Current Address:		
Cell Phone:	Text: YES	NO
Email:		
Are you 18 years old or older?		
Desired Starting Wage		
\$ per hour		
Availability/Work Schedule		
MONDAY: to	TUES: to	WED: to
THURS: to	FRI: to	SAT: to
SUN: to		
Caregiving is physical. Are you able to do the physical aspect of the job including: bending, stooping, stretching, kneeling, assisting with standing, pivot transfers, cleaning, repositioning client in chair or bed, standing for extended periods, and other duties assigned? YES: NO:		
If there are any duties you are unable to perform, please list them here with explanation:		
Have you been trained in proper lifting? Including gait belt and Hoyer lift? YES: NO:		
Do you have any Preexisting injury or condition that would affect your job performance?		
YES: NO: If yes explain:		
Employment History		
How many different employers have you worked for in the past 5 years?		
Have you ever been involuntarily terminated by a previous employer? YES: NO:		
If yes, please explain:		

List your current/most recent employers first. You must account for your three most recent employers or a maximum of five most recent

Company Name:		
Address:		
Dates Employed	From to	Position:
Last Rate of Pay	Per Hour/Salary	
Supervisor name		
Supervisor phone/email	May we contact? YES: NO:	
What did you like about the job	Least:	Most:
Company Name:		
Address:		
Dates Employed	From to	Position:
Last Rate of Pay	Per Hour/Salary	
Supervisor name		
Supervisor phone/email	May we contact? YES: NO:	
What did you like about the job	Least:	Most:
Company Name:		
Address:		
Dates Employed	From to	Position:
Last Rate of Pay	Per Hour/Salary	
Supervisor name		
Supervisor phone/email	May we contact? YES: NO:	
What did you like about the job	Least:	Most:
Company Name:		
Address:		
Dates Employed	From to	Position:
Last Rate of Pay	Per Hour/Salary	
Supervisor name		
Supervisor phone/email	May we contact? YES: NO:	
What did you like about the job	Least:	Most:
Company Name:		
Address:		
Dates Employed	From to	Position:
Last Rate of Pay	Per Hour/Salary	
Supervisor name		

Supervisor phone/email	May we contact? YES: _____ NO: _____		
What did you like about the job	Least: _____		Most: _____
Periods of unemployment during the last three years- be specific			
From _____	to _____	Reason: _____	
From _____	to _____	Reason: _____	
From _____	to _____	Reason: _____	
Education			
High School:	Graduated: _____	YES	NO
	When: _____		
GED	PASSED/WHERE/WHEN _____		
College/Vocational	Graduated: _____	YES	NO
	When: _____		
Background			
Do you have caregiver experience? Y/N _____		If yes, how much _____	
Professional or Personal Experience: _____			
Licenses			
Do you have a professional license?	Yes: _____	What type: NA- CAN- CMA- LPN- RN	
	No: _____		
License number: _____		City/State: _____	
Other special training: _____			
Do you have a valid Driver's license?	DL# _____	State issued: _____	
		Expiration _____	
Can you provide proof of valid car insurance: YES _____ NO _____			
Additional names used: _____		Maiden/alias/married _____	
Are you legally eligible to work in the United States: YES _____ NO _____			
PROOF OF ELIGIBILITY DOCUMENTATION MUST BE PROVIDED AT TIME OF HIRE- as required by law			
READ THIS BEFORE SIGNING:			
<p>This application form is intended for evaluating your qualifications for employment for this agency. This is not an employment contract. False and or misleading statements during the interview or application is grounds for immediate disqualification/termination. All qualified applicants will receive consideration without discrimination due to gender, marital status, pregnancy, religion, race, ethnicity, age, creed, national origin, presence of disabilities, sexual identity, gender identity, ancestry, AIDS/HIV status, or any other status protected by law, prior to employment. DRUG TESTING IS REQUIRED BY LAW, prior to employment. By my signature I affirm that all the statements during the interview process and on this application are true to the best of my knowledge.</p>			
Signature: _____			Date: _____

References-not related	
Name:	
Email:	
Address:	
Professional	Personal
How long:	

References-not related	
Name:	
Email:	
Address:	
Professional	Personal
How long:	

References-not related	
Name:	
Email:	
Address:	
Professional	Personal
How long:	

References-not related	
Name:	
Email:	
Address:	
Professional	Personal
How long:	