

**MT HOOD HOME CARE SERVICE, LLC/S.P.O BOX 1478
SANDY OREGON-PH: 503-826-8285 FAX: 503-668-9500**

Date: _____

APPLICANT DATA

Name: _____

Current Address: _____

Number street/Apt#/City/State/Zip Code

Cell Phone: _____ TEXT: YES ___ NO ___

Home Phone: _____ Voicemail: YES ___ NO ___

Email: _____

Are you Under 18 Years of age? YES ___ NO ___ If yes, how old? _____

Work Schedule

What type of employment are you seeking? Full time ___ Part Time ___

On-Call ___ When can you start work? _____

Can you work a flexible schedule, where days and number of hours scheduled are different each week? YES ___ NO ___

Do you have any preferences, that we should be aware of: Y/N.

If yes, what? _____

Sunday ___ to ___ Monday ___ to ___ Tuesday ___ to ___ Wednesday ___ to ___

Thursday ___ to ___ Friday ___ to ___ Saturday ___ 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 a client in chair or bed, standing or sitting for extended periods, and other duties as assigned. Yes ___ No ___

If there are any duties that you are not able to perform, please list them and here with explanation:

Have you been trained in proper lifting? Including Galt Belt and Hoyer Lift? Yes ___ No ___

Do you have any preexisting injury or condition that would affect your job performance? Y/N, if yes what:

Employment History

How many different employers have you worked for in the past five years? _____

Have you ever been involuntarily terminated by a previous employer? Yes ___ No ___ If yes please explain the circumstances:

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

Present or Last employer: May we contact your current employer? Y/N

May we contact your previous employers Y/N

Company Name: _____ Address: _____

Telephone Number: _____ Supervisor Name: _____

Supervisor Email: _____

Dates employed: From _____ to _____ Last Position Held: _____

Last Rate of Pay: _____ Reason For Leaving: _____

What did you like Least about the job? _____

What did you like the most about the job? _____

Present or Last employer: May we contact your current employer? Y/N

May we contact your previous employers Y/N

Company Name: _____ Address: _____

Telephone Number: _____ Supervisor Name: _____

Supervisor Email: _____

Dates employed: From _____ to _____ Last Position Held: _____

Last Rate of Pay: _____ Reason For Leaving: _____

What did you like Least about the job? _____

What did you like the most about the job? _____

Present or Last employer: May we contact your current employer? Y/N

May we contact your previous employers Y/N

Company Name: _____ Address: _____

Telephone Number: _____ Supervisor Name: _____

Supervisor Email: _____

Dates employed: From _____ to _____ Last Position Held: _____

Last Rate of Pay: _____ Reason For Leaving: _____

What did you like Least about the job? _____

What did you like the most about the job? _____

Periods of unemployment during the last three years: Be specific

From: _____ to _____

Reason: _____

From: _____ to _____

Reason: _____

From: _____ to _____

Reason: _____

Education

High School: _____ Graduated Y/N

Degrees /Awards _____

College/Vocational: _____ Graduated Y/N

Degrees /Awards _____

Graduate Studies/Other Formal Education:

Degrees /Awards _____

Background

Have you ever worked as a caregiver before? Y/N If yes how much experience _____

Do You have a license? Y/N What Type: None/ RN/ LPN/ CMA/ CNA/ NA

License Number: _____ City/State _____

Other Special Training that would enhance your qualifications: _____

ADDITIONAL NAMES: Y/N If yes: please list: _____ Maiden/ Alias/ AKA

Drivers License number: _____ Expiration Date: _____

Auto Insurance: Y/N Type: _____ Insurance Company Name: _____

Is your transportation reliable? Y/N

Do you have health insurance? Y/N Health Insurance Name: _____

Do you have mal-practice insurance? Y/N If yes: What is the Insurance Company name: _____

Are you legally eligible to work in the United States: Yes/No

Proof of Eligibility Documentation Must Be Provided At The Time Of Hire – As required by law.

Have you EVER been convicted of or pleaded guilty to a felony? YES/NO If yes-what was it? And please explain: _____

References

PERSONAL REFERENCES:

PLEASE LIST TWO NAMES, NOT RELATED, WHO HAVE KNOWN YOU FOR MORE THAN FIVE YEARS

Name: _____ Phone: _____

Address: _____

Email: _____

Mt Hood Home Care Service, LLC/S

Release Authorization

Name: _____

Last/First/Middle

Is any additional information relative to a different name necessary to check work record or background? I.e.. name change marriage maiden Y/N

If yes, Explain. _____

Home Address: _____

Street number and name/ City/ State/ Zip

Authorization to secure Consumer/Employee Investigative Report:

I authorize Mt Hood Home Care Service, LLC/S to make whatever inquiries it may deem necessary with my application of employment. As part of such inquiries, I give my permission to contact persons who may have information regarding my suitability for employment and to secure consumer reports. (Investigative Consumer Reports).

I authorize and instruct any person or agency contacted to participate or conduct inquiries at its request, to compile information, and to furnish information obtained as a result of such inquiries.

I further authorize this agency, in its sole discretion, to furnish copies of this authorization and my application to any person and/or consumer-reporting agency in connection with above purposes.

Disclosure Statement:

Information contained in reports obtained by MT Hood Home Care Service, LLC/S. In accordance with the above authorization, may include information pertaining to your character, general reputation, police record, personal characteristics, and mode of living. You have the right to request MHHCS, completely and accurately disclose to you the nature and scope of all investigations requested. Such request must be made in writing to the personnel department within a reasonable period of time after your application for employment is received.

"I hereby acknowledge that I have read the above disclosure statement and have understood it."

Name: _____ Date: _____