



EMPLOYMENT APPLICATION

Position Applying For: _____

How did you hear about this job? (Select a Source):

- Help At Home Website
- Job Board Advertisement
- Walk-In
- Employee Referral

We would like to thank the person who referred you.

Please provide the name: _____

Other (Please specify) _____

Why are you interested in working at Help At Home, Inc.? _____

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip/Postal Code
Home Phone Number	Mobile Number	Email Address	

EMERGENCY CONTACTS

In case of emergency contact:

Emergency Contact Name	Relationship
Phone Number	

WORK EXPERIENCE

List the work, military or volunteering experience below. Specify the 3 (three) most recent entries.

- Current Job

Employer 1	Job Title		
Street Address	City	State	Zip/Postal Code
Phone Number	Immediate Supervisor		
Start Date	Summary of Responsibilities:		
End Date			
<input type="checkbox"/> Annually <input type="checkbox"/> Hourly	Reason for Leaving		
Salary \$			

May we contact this employer for reference? Yes No



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Employer 2

Job Title

Street Address

City

State

Zip/Postal Code

Phone Number

Immediate Supervisor

Start Date

End Date

Annually Hourly

Salary

\$

Reason for Leaving

May we contact this employer for reference? Yes No

Summary of Responsibilities:

Employer 3

Job Title

Street Address

City

State

Zip/Postal Code

Phone Number

Immediate Supervisor

Start Date

End Date

Annually Hourly

Salary

\$

Reason for Leaving

May we contact this employer for reference? Yes No

Summary of Responsibilities:

Comments: *(Feel free to include any additional information which can help us to make an employment decision. Please, explain any gaps in employment history as well)*



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EDUCATION

List the educational experience below. Start with the highest or the most relevant to the position.

High School Diploma/GED Yes No

Educational Institution 1	Program (<i>Major</i>)	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>
Educational Institution 2	Program (<i>Major</i>)	Degree
<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSURE AND CERTIFICATION

Start by entering the most relevant licensure or certification. Do not list expired ones.

License & Certificate	Issuing Organization	
<input type="text"/>	<input type="text"/>	
Issue Date	Expiration Date	
<input type="text"/>	<input type="text"/>	
Nursing License #	Issuing Organization	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Issue Date	Expiration Date	Experience yrs.
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
		Homecare <input type="checkbox"/>
		Institutional Care <input type="checkbox"/>
Nurse Aide Certification #	Issuing Organization	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Issue Date	Expiration Date	Active
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Explain if not Active
		<input type="text"/>

PROFESSIONAL REFERENCES

Provide at least 3 (*three*) professional or school references. Please, do not include family members or other relatives.

Full Name 1	Phone #	Professional Relation	Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name 2	Phone #	Professional Relation	Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name 3	Phone #	Professional Relation	Years Known
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PRESCREEN QUESTIONNAIRE

- Are you legally authorized to work in the United States?
 Yes No
- Will you now or in the future require sponsorship for employment visa status (e.g., F-1, H-1B, TN status)?
 Yes No
- Are you a preferred caregiver? (*A person taking care of a family member/personal relative*)
 Yes No
- Do you have any family members/personal relatives currently working for Help At Home, Inc.?
 Yes No

Please provide the name:

- Have you ever worked at Help At Home, Inc. or any of its affiliates, or subsidiaries?
If yes, please specify name (*if different*), position and dates:



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AVAILABILITY

Indicate the employment preferences, conditions and interests.

Date of Availability

Advance Notice (*Weeks*)

Days of the week you are available to work (*check all that apply*).

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

ATTACHMENTS

You can attach up to 5 (*five*) additional documents to your application for further consideration.

For example: Resume, Cover Letter, Copy of Diploma/License/Certificate, Letter of Recommendation and etc.

By signing below:

I declare that all information provided on my application to be a candidate for Help At Home, Inc. or any information provided as attachment(s) to my application are true, accurate, and can be verified if necessary. I understand that any false statements or deliberate omissions on this document may be grounds for disqualification from employment or, if discovered after employment begins, could result in discipline up to and including my termination of employment.

Signature

Date

TENNESSEE APPLICANTS ONLY

ABUSE & NEGLECT ACKNOWLEDGMENT AND RELEASE

By signing below, I certify and affirm that to the best of my knowledge and belief, *I have not or have not had a case of abuse, neglect, mistreatment or exploitation substantiated against me.*

As a condition of submitting my application and in order to verify this affirmation, I hereby authorize Help at Home, Inc., Tennessee Department of Intellectual and Developmental Disabilities, and Bureau of TennCare to have full and complete access to any and all current or prior personnel or investigative records, from any party, person, business, entity or agency, whether governmental, or non-governmental, as pertains to any allegations against me of abuse, neglect, mistreatment or exploitation and to consider this information as may be deemed appropriate.

I further authorize Help At Home, Inc. to provide any applicable information in personnel or investigative records concerning my employment to my future employers involved in providing DDID services.

Signature

Date



EMPLOYMENT VERIFICATION

Last Name _____ First Name _____ Middle Initial _____

Position Applied For: _____

I hereby authorize Help At Home, Inc. to verify information provided on the employment application. Information subject to verification includes, but is not limited to:

Former employment: dates of employment, main responsibilities, average of hours per week, supervising experience, quality of work performed, key strengths and areas for improvement, communication skills, reason for leaving organization and eligibility for rehire.

Education, Licensure and Certification: Existence on registry, degree, GPA, expiration date.

Signature _____ **Date** _____

DO NOT FILL	FOR THE EMPLOYER USE ONLY
Employer 1 Name _____	Contact Number _____
Reference Name _____	Date _____
First Date of Employment _____	Last Date of Employment _____
Supervising Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Years _____
Main Responsibilities _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours/Week _____
Quality of Work <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Improvement Needed <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Exceptional	Key Strengths _____
Reason for Leaving _____	Areas for Improvement _____
	Eligibility for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer 2 Name _____	Contact Number _____
Reference Name _____	Date _____
First Date of Employment _____	Last Date of Employment _____
Supervising Experience <input type="checkbox"/> Yes <input type="checkbox"/> No	Years _____
Main Responsibilities _____	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Hours/Week _____
Quality of Work <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Improvement Needed <input type="checkbox"/> Meets Expectations <input type="checkbox"/> Exceeds Expectations <input type="checkbox"/> Exceptional	Key Strengths _____
Reason for Leaving _____	Areas for Improvement _____
	Eligibility for Rehire <input type="checkbox"/> Yes <input type="checkbox"/> No

Verified by _____ **Date** _____



EMPLOYMENT VERIFICATION

MISSOURI CNA, LPN & RN APPLICANTS ONLY

Nursing Certification Check (Call: 1.573.526.5686)

Good Standing Bad Standing Expired Not on Registry

Verified by _____ Date _____

E.D.L. Listing Check

Book _____ Phone # _____ Name _____ Fax # _____

Verified by _____ Date _____

Nursing Licensure Check (Call: 1.573.751.0681)

Current Inactive Expires: _____

Verified by _____ Date _____