

EMPLOYMENT APPLICATION

INSTRUCTIONS: If you need assistance filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to meet your needs in a reasonable amount of time.

- Please read "Application Note" below.
- Complete All pages of this application, thoroughly and concisely.
- Application will be valid for 6 months.

APPLICATION NOTE: This application form is intended for use in evaluating your qualifications for employment with Extended Family Services, an independently owned and operated senior home care agency. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law.

PERSONAL INFORMATION

Today's Date: _____ E-Mail Address: _____

Position(s) Applied For: _____ DOB: _____

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: (____) _____ Cell Phone: (____) _____ Alternate Phone (____) _____

Emergency Contact(s):

Name: _____ Phone: (____) _____ E-mail: _____ Relationship: _____

Name: _____ Phone: (____) _____ E-mail: _____ Relationship: _____

Have you ever submitted an application here before? Yes No If yes, when? _____

Have you ever been employed here before? Yes No If yes, when? _____

How did you hear about employment opportunities with Extended Family Services? _____

Have you been given a copy of the job description for the position for which you have applied? Yes No

Are you able to perform the essential functions of the job for which you are applying? Yes No

Why are you interested in employment with us? _____

AVAILABILITY

Due to the nature of the business, no guarantee can be made as to the schedule or amount of hours worked.

What date are you available to begin work? _____ How many hours can you work weekly? _____

Please complete all areas of availability:

_____ Mornings _____ Afternoons _____ Evenings _____ Overnights _____ Weekdays _____ Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

PREFERENCES

Please indicate all areas in which you are willing to work:

_____ Blount County _____ Greenback _____ Walland/Townsend _____ South Knoxville

Please indicate the types of services which you are willing to provide:

Companionship	Light Housekeeping	Errands/Shopping/Transportation
Meal Preparation	Laundry/Ironing	Personal Care
Activities (games/crafts)	Medication Reminders	Dementia/Alzheimer's Care

In order to be able to provide transportation or run errands, you will be required to have a valid drivers license and current auto insurance.

Are you willing to provide service to a client with a pet? Yes No If yes, which ones: Cats Dogs

Are you willing to provide service to a client that smokes? Yes No Do you smoke? Yes No

JOB RELATED SKILLS

Describe any training or life skills you have that apply to caring for a senior: _____

Describe any work history you have that would apply to caring for a senior: _____

What do you like (or think you would like) most about working with older adults? _____

What do you like (or think you would like) least about working with older adults? _____

What personal rewards do you get from working with seniors? _____

How would you rate yourself on your experience with the following aspects of caregiving?

1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience

Companionship	Meal Preparation	Light Housekeeping	Bathing / Showering
Dressing / Grooming	Transferring	Incontinence Care	Dementia/Alzheimer's Care

EDUCATION

School Type	School Name	City, State	Major/Subject	Years Attended	Graduate?
Elementary					Y / N

High School					Y / N
College/Univ.					Y / N

** For employment, our minimum education requirement is either a GED or High School Diploma. **

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential. Employment information is required for the past 5 years. If additional space is needed provide it on an additional page.

Most Recent Employer

Name and Address of Employer	Name of last supervisor:	Employment Dates:	Pay or Salary:
		From:	Start:
		To:	Final:
City, State:	Job Title:		
Phone Number: () -	Reason for leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked here:			
May we contact your present employer? Y / N		If no, why?	

Second Most Recent Employer

Name and Address of Employer	Name of last supervisor:	Employment Dates:	Pay or Salary:
		From:	Start:
		To:	Final:
City, State:	Job Title:		
Phone Number: () -	Reason for leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked here:			

Third Most Recent Employer

Name and Address of Employer	Name of last supervisor:	Employment Dates:	Pay or Salary:
		From:	Start:
		To:	Final:
City, State:	Job Title:		
Phone Number: () -	Reason for leaving:		
List the jobs you held, duties performed, skills used or learned, advancements or promotions, while you worked here:			

Have you had any moving traffic violations? **Yes / No** If yes, please describe: _____

Have you been charged/convicted of a felony and/or misdemeanor/or served time? **Yes / No** If yes, please describe: _____

Incident	City/State	Charge
Incident	City/State	Charge

Have you ever been a charged perpetrator or appeared on any elder abuse registry in the last 5 years? **Yes / No**

Personal References (Do not use family members or previous supervisors)

Full Name	Phone Number	Company (If Applicable)	Relationship	# of Years Known

Authorization and Disclosure

I certify that the facts contained in this application are true and complete to the best of my knowledge. In order to determine my qualifications for employment, I authorize Extended Family Services to make inquiries, either by written communication, by telephone, online, or in person to any present or former employer, creditor, credit bureau, government agency, educational institution, military establishment or any other persons or institutions knowledgeable of my background as to my prior history, work experience, nature of duties, work hours, wages, performance levels, reliability, responsibility, honesty and any other measures of my character or personality. In consideration for your development such information, I specifically waive any confidential relationship of privacy position, which may exist between us and completely release you from any responsibility or liability for damages, which may occur as a result of the disclosure of this information.

My Employment is contingent upon confirmation of credentials and successful completion of a criminal background check. I also understand that if hired, the employment relationship between Extended Family Services and myself is terminable at-will, so that the company remains free to choose to end our work relationship at any time for any or no reason. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

Applicant Signature: _____ Date: _____