

HEMOCARE AND MORE, INC
799 Roosevelt Road Bldg 2 Ste 206
Glen Ellyn, IL 60137
Bus: 630-858-2443 Fax: 630-858-2155

Dear Applicant;

Thank you for your interest in HomeCare And More, Inc

As a home service company, our strong commitment to quality and customer service depends upon the individuals we hire. Therefore, your applicant for employment is only one of the components of our comprehensive screening and hiring process.

It is essential that we have complete information regarding your training and experience please check all that apply to your knowledge and work experience.

Hands On Service:

- ambulating client
- sit shower standing shower shower
- tub bath
- bed bath
- shampoo & condition hair
- oral hygiene
- denture care

Assist w/ Service

- assist w/ ambulating client
- assist w/ sit shower standing shower shower
- assist w/ tub bath
- assist w/ bed bath
- assist w/ shampoo & condition hair
- assist w/ oral hygiene
- assist w/ denture care
- assist with dressing into clean clothing

Transfer Techniques:

This job requires some light lifting assistance; do you have any back injuries or illness that might cause you bodily harm or pain? _____, if so please explain, _____

-
- assist w/ transferring to and from bed to wheelchair
 - assist w/ wheelchair to bed
 - assist w/ transferring to and from toilet or commode
 - assist with standing and walking with walker or quad cane
 - companionship, talking, walking, reading & etc.

• Have you worked with incontinent clients before? Yes No

Other work Related Skills

- plan and prepare meal low sodium Regular diet puree diet
- run errands/shopping
- to and from M.D. appointments
- making & changing beds
- wash, fold, and put away laundry
- walking & feeding pet
- clean kitchen, wash, dry, and put away dishes
- light housekeeping dusting sweeping & mopping vacuuming

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Application for
Employment

Equal Opportunity Employer **Present** | _____ |

It is the policy of HomeCare And More, Inc not to unlawfully discriminate in any way against any qualified applicant, or qualified employed, because of race, color, religion, sex, age, national origin or disability, or on any other basis prohibited applicable law. ***Note:** all application are considered active for (1) full year from filing above.

Name _____ | _____ | _____
Last First Middle

How did you hear about HomeCare And More, Inc? _____

Have you worked in the home service field before? ___ Yes ___ No, if yes how many years ___

Are you 18 years of age or older? Yes ___ No ___

What's your birth date? _____ Soc. Sec. No. _____
Month Day Year

Do you have any of the following documents:

- | | |
|--------------------------------|--|
| A. CPR Card _____ | F. Social Security Card _____ |
| B. TB Record _____ | G. Home Service Training |
| C. Driver License _____ | H. References _____ If available |
| D. Auto Insurance | I. Must Be eligible For U.S. Employment |

****Individuals Testing Positive for T.B. Exposure Must Take a Chest X-ray Every 3 Years.**

Do you have a car? Yes ___ No ___
Name of auto insurance company _____

What towns or counties you are willing to travel? _____

Would you be willing to work full-time _____ Part-time

Are you willing to do live-In care? ___ Yes ___ No

Days available to work: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun
Morning _____ Afternoon _____ Evening _____ Nights _____

Are you pregnant? Yes ___ No

Are you willing to work with clients that have pets Yes ___ No
Clients that smoke Yes ___ No

***In case of an emergency who do we contact Name _____ Phone _____**

Background Investigations

Authority to Release Information

To: **Home Care and More, Inc**
799 Roosevelt Road
Bldg. 2 Suite 206
Glen Ellyn, IL 60137
Bus: 630-858-2443 / Fax: 630-858-2155

I, _____, authorize HomeCare and More, Inc to conduct a background investigation including, but not limited to, employment, criminal, education, and credit history for determination of edibility for hire. I authorize all agencies that may have information relevant to this investigation to disclose said information to HomeCare and More, Inc and/or its agents.

I release all persons or agencies from any liability from disclosure of background information. I hereby authorize that a photocopy of this release be considered valid.

Driver's License Number _____ Issuing State _____
(Please provide copy)

Full Legal Name _____
(First) (Middle) (Last)

Date of Birth _____ Social Security Number _____
(Please provide copy)

Address _____ Apt. Number _____

City _____ State _____ Zip _____

Signature _____

B

County to search _____ State _____

County to search _____ State _____

Witness name _____
(Print)

Witness Signature _____ Date _____

Pre- application Form

Applicant Name _____
Address _____
City _____ State _____ Zip _____

SSN _____
Phone (____) _____
Position Appling for _____

EDUCATION

	Did you Graduate?	Diploma or Degree	Area of Study
High School _____	Yes ____ No ____	_____	_____
College _____	Yes ____ No ____	_____	_____
Graduate School _____	Yes ____ No ____	_____	_____
Trade School _____	Yes ____ No ____	_____	_____

Previous Employers

Company Name	City	Contact Person	Phone	Position Held
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

References

Name	Relationship	Address	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Additional skills and hobbies

(FOR COMPANY USE **ONLY**)

Comments:

Call back for interview Yes _____ No _____

Not Eligible _____ Reasons _____

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799 Roosevelt Road Bldg 2 Ste 206
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6 3 0 - 8 5 8 - 2 4 4 3 / 6 3 0 - 8 5 8 - 2 1 5 5
[,www.honiecureandmore.net](http://www.honiecureandmore.net)

GENERAL INFORMATION

Have you ever been convicted of a felony or misdemeanor crime Yes" ____ No ____
Have you ever been bonded? Yes ____ No ____ If yes, by whom _____ Date _____
Have you ever been refused a bond? Yes ____ No ____ If yes, explain _____
Are you bonded by a non-competition agreement of your current or previous employer? Yes ____ No ____
Have you ever been employed by HomeCare And More, Inc ? Yes ____ No ____
If Yes, give location(s) and date(s).

Are any of your relatives employed by HomeCare And More, Inc Yes ____ No ____
If yes list name(s) and location(s).

*This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction. A criminal conviction will not necessary bar you from employment. We will consider the nature of the crime, the time which has expired since its occurrence and any rehabilitation you have under gone. Relevant circumstances will be considered.

APPLICANT ACKNOWLEDGEMENT

I certify that the information in this application is accurate and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment.
I authorize HomeCare And More, Inc to conduct investigations which information may be obtained through personal interviews with business associates, personal acquaintances, financial sources or other third party regarding my employment history, credentials, character and credit background and to obtain any relevant information (including a criminal background check and consumer report) needed to make a decision. I authorize HomeCare And More, Inc to disclose this application along with any information about me obtained through reference check or during the course of the interview process for local, state, federal, contractual or accreditation audit purpose. I also authorize HomeCare And More, Inc to disclose any of my performance appraisals, disciplinary records or skills tests for the same purpose as above. I release HomeCare And More , Inc and any individual or entity providing information to HomeCare And More, Inc from liability for any damages from the disclose of this information.

I also understand and agree that:

*** passing a medical examination and/or participating in a post-conditional offer medical screening may be required. If medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated.**
*** I May be subject to pre-employment drug testing, or a drug test where a reasonable suspicion exists, or where warranted by circumstances, workplace conditions or contractual requirements.**

I understand and agree that nothing contained in this employment application or in granting of an interview creates an employment contract between HomeCare And More, Inc and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that my employment will be terminable "at will,
"That I will have the right to terminate my employment at any time, and that HomeCare And More maintain a similar right to terminate my employment at any time. I understand and agree that this application is a continuous document and should any of the information which I have supplied herein change, I am obligated to notify HomeCare And More of such change immediately. I understand that should I become employed by HomeCare And More my work assignments, schedules and/or work locations are subject to change according to the needs of the business and the clients of HomeCare And More, Inc. I also understand and agree that during the application process and at any time during any subsequent employment, I hereby authorize HomeCare And More, Inc procure a consumer report which I understand may include information regarding my character, general reputation, personal characteristics, or mode of living. This report may complied with information from courts record repositories, department of motor vehicles, past or present employers, verify information that I have voluntarily supplied. I understand that if any inquiry is made, more information as to the nature and scope of the inquiry will be supplied to me upon my written request. Copies of this document can be used in lieu of the original.

I have been given a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me or employment, promotion, assignment or retention as an employee.

Applicant's Signature _____ **Date** _____

Military,

Yes _____ No _____ Branch of Service _____

Dates: From _____ to _____ Highest Rank Attained _____

Reserve Status: Active _____ Inactive _____

Service schools or job-related experience: _____

Additional Information

Please list any further information which you feel may be helpful in considering your application.

Do you have adequate transportation to get to work? Yes _____ No _____

Have you been convicted during the past seven years of a criminal offense other than minor traffic violations?

Yes _____ No _____

If Yes, explain facts of case and disposition*

NOTE answering "yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

NAME AND TITLE OF SUPERVISOR	PHONE	EARNINGS		REASON FOR LEAVING
		START	FINISH	

Are you involved in any professional organizations, which you consider relevant to your ability to perform the job? If so, please list them (including any offices held)

EMERGENCY CONTACT PERSON

Person to notify in case of illness

Name: _____ Phone: _____

Relationship: _____

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I authorize the Company to investigate my driving record, my criminal record and my credit history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information I provide on this application and in interview will be true and accurate. I understand that if I am employer and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

Personal or work Reference if other than those listed under employment history: (name, address and telephone no.)

FOR INTERVIEWER'S USE ONLY

Comment

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www.homecareandmore.net

Gifts, Bonuses, Cash, Checks and Usage of Credit Cards.

I _____ (employee) if hired by HomeCare And More, Inc., agrees not to accept Gifts, Bonuses, Cash or Usage of Credit Cards from any client, under any circumstances.

If a client approaches me with a gift or any of the items listed above I will contact my agency director immediately.

Both parties agrees this document is true set forth on this ____ day of _____
20

Employee:

Date:

Witness:

Date:

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Request for Employment Verification

I _____ give permission to release my
employment references to HomeCare And More, Inc located at
799 Roosevelt Road Bldg 2 Suite 206 Glen Ellyn, IL 60137

Thank You in advanced.

Employee Signature

Date: _____