



Liberty In Home Care APPLICATION FOR EMPLOYMENT



206 Old Lancaster Rd, Devon, PA 19333
Phone: 610-254-9440 Select Option 2, 2 Fax: 484-585-1383

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at Liberty In Home Care will be based on merit, qualifications, and abilities. Liberty In Home Care does not discriminate in employment opportunities or assignments on the basis of race, sex, color, national origin, religion, ancestry, religious creed, handicap, age, or any other characteristic protected by law. It is our policy to make reasonable accommodations for handicapped employees.

Name		Date	
Street Address		Email	
City	State	ZIP	
Home Phone	Cell Phone / Other Phone	SSN	Date of Birth

Emergency Contact	
Name	Phone
Address	Relationship
I am applying for a position as a	
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no	Have you been a resident of Pennsylvania for at least two years? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details	

Transportation: Many caregiver positions require the caregiver to transport a client.		
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model and year of car	
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

Availability			
Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments			



Education

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates / Licenses (Please list your license number and state of licensure and attach copies)		
Special skills or courses		

Experience

Discuss any training or experience working with the elderly or disabled

Has your name ever been on the Child Abuse Registry-(CAR)? yes no
If you checked NO, please sign your name here: _____

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companion-ship	<input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no
Bathing/dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean kitchen	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no
Transfer assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Bed linen changes	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no

Employment History

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	



Employment History Continued

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

References

Name	Address	Relationship/Years Known	Local Phone #

CERTIFICATION AND RELEASE: Please read the following completely and carefully, then sign and date.

I certify that I have read and understand this application. Under penalty of perjury, I hereby certify that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs is prohibited during employment. I understand I must successfully complete a drug screen before I will be considered for employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I hereby affirm that I am legally able to work in the United States and the state of Pennsylvania.

I agree that if employed, I will abide by all policies and procedures established by the company. I also understand that submission of this application does not guarantee my employment. Further, I understand that if I am hired, nothing herein modifies in any way my "at-will" employment relationship with the company.

Signature

Date

Mail or deliver to: **Liberty In Home Care**
206 Old Lancaster Rd Devon, PA 19333-1442

or Fax to: **484-585-1383**

