SERENITY GIFTED HANDS HOME CARE

EMPLOYMENT APPLICATION

Please print clearly and complete every applicable section

Serenity Gifted Hands Home Care is an equal opportunity employer. Submission of this application does not guarantee an interview or employment.

POSITION INFORMATION

Position applied for		**Application date**	
Employment desired	☐ Full-time ☐ Part-time ☐ PRN	**Available start date**	
Preferred shift	☐ Days ☐ Evenings ☐ Nights	**Weekends**	☐ Yes ☐ No
How did you hear about us?		**Previously applied?**	☐ Yes ☐ No

APPLICANT INFORMATION

Full legal name		**Preferred name**	
Street address		**Apartment/unit**	
City		**State/ZIP**	
Primary phone		**Alternate phone**	
Email address		**Preferred contact**	☐ Call ☐ Text ☐ Email

EMPLOYMENT ELIGIBILITY

Are you at least 18 years old? ☐ Yes ☐ No	Explanation, if needed: _____
Are you legally authorized to work in the United States? ☐ Yes ☐ No	Explanation, if needed: _____
Can you perform the essential functions of the position, with or without reasonable accommodation? ☐ Yes ☐ No	Explanation, if needed: _____
Can you reliably travel to client homes and assigned work locations? ☐ Yes ☐ No	Explanation, if needed: _____

Proof of identity and employment authorization will be required after hire in accordance with federal Form I-9 requirements.

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AVAILABILITY AND TRANSPORTATION

Availability must reflect the hours you can consistently work

WEEKLY AVAILABILITY

Day	Available?	Earliest Start	Latest End	Notes / Restrictions
Monday	☐ Yes ☐ No			
Tuesday	☐ Yes ☐ No			
Wednesday	☐ Yes ☐ No			
Thursday	☐ Yes ☐ No			
Friday	☐ Yes ☐ No			
Saturday	☐ Yes ☐ No			
Sunday	☐ Yes ☐ No			

SCHEDULING PREFERENCES

Maximum hours available each week	
Minimum shift length accepted	
Are you available for overnight shifts?	☐ Yes ☐ No
Are you available for live-in assignments?	☐ Yes ☐ No
Are you available on holidays?	☐ Yes ☐ No
List any dates or recurring times you cannot work	

TRANSPORTATION

Do you have reliable transportation to assigned locations?	☐ Yes ☐ No

Do you hold a valid driver's license?	☐ Yes ☐ No ☐ Not applicable
If driving is required, can you provide proof of current auto insurance?	☐ Yes ☐ No ☐ Not applicable
Are you willing to transport clients when specifically assigned and authorized?	☐ Yes ☐ No
Geographic areas or travel limitations	

EDUCATION, TRAINING AND CERTIFICATIONS

EDUCATION

School/Program	City/State	Level or Credential	Completed?	Year
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

LICENSES AND CERTIFICATIONS

Credential	Number (if applicable)	Expiration	Current?
CNA			☐ Yes ☐ No
Home Health Aide			☐ Yes ☐ No
CPR			☐ Yes ☐ No
First Aid			☐ Yes ☐ No
Food Handler			☐ Yes ☐ No
Driver's License			☐ Yes ☐ No
Other			☐ Yes ☐ No
Other			☐ Yes ☐ No

RELATED TRAINING

Dementia/Alzheimer's training	Date/provider:
Infection-control training	Date/provider:
Abuse, neglect and exploitation training	Date/provider:
Transfers/body mechanics training	Date/provider:
Other relevant training	

EMPLOYMENT HISTORY

List your three most recent employers, beginning with the most recent.

Do not provide past wages or salary. The agency will not request salary history from you or former employers.

EMPLOYER 1

Employer name		**Telephone**	
Address/city/state		**Supervisor**	
Job title		**Dates employed**	From: _____ To: _____
Primary duties		**Reason for leaving**	
May we contact?	☐ Yes ☐ No	**If no, explain**	

EMPLOYER 2

Employer name		**Telephone**	
Address/city/state		**Supervisor**	
Job title		**Dates employed**	From: _____ To: _____
Primary duties		**Reason for leaving**	
May we contact?	☐ Yes ☐ No	**If no, explain**	

EMPLOYER 3

Employer name		**Telephone**	
Address/city/state		**Supervisor**	
Job title		**Dates employed**	From: _____ To: _____

Primary duties		**Reason for leaving**	
May we contact?	☐ Yes ☐ No	**If no, explain**	

EMPLOYMENT GAPS

If there are gaps in employment you wish to explain, provide dates and a brief explanation.	

HOME-CARE EXPERIENCE AND SKILLS

EXPERIENCE

Total years of caregiving or home-care experience	
Experience with older adults	☐ Yes ☐ No
Experience with clients with disabilities	☐ Yes ☐ No
Experience with dementia/Alzheimer's disease	☐ Yes ☐ No
Experience with hospice or end-of-life support	☐ Yes ☐ No
Experience documenting services provided	☐ Yes ☐ No
Experience using EVV or mobile clock-in systems	☐ Yes ☐ No
Languages spoken other than English	

SKILLS CHECKLIST

Skill	Experienced	Training Needed
Bathing, grooming and dressing assistance	☐	☐
Toileting and incontinence assistance	☐	☐
Ambulation, transfers and gait-belt assistance	☐	☐
Meal preparation and feeding assistance	☐	☐
Medication reminders within home-services limits	☐	☐

Light housekeeping, laundry and shopping	☐	☐
Companionship, respite and safety supervision	☐	☐

APPLICANT STATEMENT

Why are you interested in working for Serenity Gifted Hands Home Care?

PROFESSIONAL REFERENCES AND CERTIFICATION

PROFESSIONAL REFERENCES

Provide three people who can discuss your work performance. Do not list relatives unless they directly supervised your work.

Name	Relationship/Title	Organization	Phone/Email	Years Known

APPLICANT CERTIFICATION AND AUTHORIZATION

- I certify that the information provided in this application is true, complete and accurate to the best of my knowledge. I understand that material misrepresentation or omission may result in disqualification from employment or termination if employed.
- I authorize Serenity Gifted Hands Home Care to verify the education, credentials, employment history and references listed in this application. I authorize the persons and organizations contacted to provide truthful job-related information, subject to applicable law.
- I understand that any offer may be conditioned on completion of job-related screening, Health Care Worker Registry verification, required background checks, reference verification, health documentation, training, competency evaluation and proof of employment eligibility.
- I understand that criminal-history and fingerprint authorization, when applicable, will be addressed through separate legally required forms and procedures.
- I understand that employment, if offered, is not guaranteed for any specific duration and may be terminated by either the employee or the agency at any time, with or without notice, subject to applicable law and written agreements signed by an authorized representative.
- I understand that this application is not a contract or promise of employment.

Applicant signature	Date

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FOR AGENCY USE ONLY

Complete after reviewing the applicant's qualifications

Interview date		**Interviewer**	
Position considered		**Proposed start date**	
Decision	☐ Proceed ☐ Hold ☐ Decline	**Conditional offer**	☐ Yes ☐ No
Application complete	☐ Yes ☐ No	**Minimum qualifications**	☐ Met ☐ Not met
References checked	☐ Yes ☐ No	**Credentials verified**	☐ Yes ☐ No
HCWR reviewed	☐ Yes ☐ No ☐ N/A	**Background authorization**	☐ Issued ☐ N/A
Offer status	☐ Pending ☐ Accepted ☐ Declined	**Final start date**	
Hiring manager		**Manager initials**	
Final disposition	☐ Hire ☐ Do not hire	**Date completed**	

INTERVIEW AND DECISION NOTES

APPROVAL

Agency Manager signature	Date