

Water Tower Nursing & Home Care, Inc.

Home Services Worker Employment Application

Applicant Information

APPLICATION DATE

GENDER

APPLICANT NAME

OTHER NAMES UNDER WHICH EMPLOYMENT MAY BE VERIFIED:

YOUR HOME ADDRESS

YOUR EMAIL ADDRESS

HOME PHONE

MOBILE PHONE

ALTERNATE PHONE

IF HIRED I'LL BE ABLE TO PROVIDE MY SOCIAL SECURITY NUMBER.

RATE OF PAY DESIRED

HAVE YOU EVER WORKED FOR US BEFORE?

IF YES, WHEN?

IF NO, HOW DID YOU HEAR ABOUT US

EMERGENCY CONTACT NAME

EMERGENCY PHONE

EMERGENCY ALTERNATE PHONE

EMERGENCY CONTACT RELATIONSHIP

DO YOU HAVE A VALID DRIVER'S LICENSE?

DO YOU OWN A CAR OR HAVE ACCESS TO A CAR TO DRIVE?

CAN YOU WORK WITH A CLIENT WHO HAS OR LIVES WITH?

FAMILY

CATS

DOGS

SMOKING

HOSPICE

LANGUAGES

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Licences & Certifications

Please indicate any licenses, certifications, and specializations. You will be required to provide copies of your professional certifications.
(Check all that apply)

REGISTERED NURSE (R.N.)	EXPIRES ON	SCHOOL RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSED PRACTICE NURSE (L.P.N.)	EXPIRES ON	SCHOOL RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFIED NURSING ASST. (C.N.A.)	EXPIRES ON	SCHOOL RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

PERSONAL CARE ASST. (P.C.A.)	EXPIRES ON	SCHOOL RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

CERTIFIED HOME HEALTH AIDE (C.H.H.A.)	EXPIRES ON	SCHOOL RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

CPR CERTIFICATION	EXPIRES ON	FACILITY RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

FIRST AID CERTIFICATION	EXPIRES ON	FACILITY RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

BASIC LIFE SUPPORT CERTIFICATION (BLS)	EXPIRES ON	FACILITY RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF CERTIFICATION	EXPIRES ON	FACILITY RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

NAME OF CERTIFICATION	EXPIRES ON	FACILITY RECEIVED CERTIFICATION
<input type="text"/>	<input type="text"/>	<input type="text"/>

HAVE ANY OF YOUR LICENSES OR CERTIFICATIONS BEEN SUSPENDED OR REVOKED?

IF YES, PLEASE DESCRIBE

DO YOU HAVE ANY CAREGIVER TRAINING FROM OTHER HOME SERVICES AGENCIES?

IF YES, FROM WHERE?

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR?

IF YES, PLEASE DESCRIBE.

IF HIRED, WOULD YOU BE ABLE TO PROVIDE PROOF OF AUTHORIZATION TO WORK IN THE U.S.?

HOW MANY YEARS HAVE YOU WORKED AS A PROFESSIONAL CAREGIVER?

WHAT PERCENT OF YOUR PREVIOUS CASE WORK HAS BEEN FOR AN AGENCY?

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PLEASE EXPLAIN HOW YOU WILL CONTRIBUTE TO STRENGTHEN THE WATER TOWER NURSING TEAM:

PLEASE SHARE ONE OR MORE PERSONAL OR PROFESSIONAL EXPERIENCES YOU HAVE HAD AS A CAREGIVER:

Availability

Please check the appropriate boxes to indicate your availability for work.

DAYS

NIGHTS

WEEKENDS

LIVE-IN

ARE THERE ANY LIMITATIONS OR COMMITMENTS THAT WOULD PREVENT YOU FROM WORKING?

CAN YOU TRAVEL OUTSIDE THE CITY OF CHICAGO TO WORK?

Education

Please indicate the levels of education you have completed.

HIGH SCHOOL

CITY AND STATE

DID YOU GRADUATE?

SUBJECTS STUDIED

COLLEGE:

CITY AND STATE

DID YOU GRADUATE?

DEGREE:

OTHER:

CITY AND STATE

DID YOU GRADUATE?

DEGREE:

PLEASE LIST ANY SPECIAL AWARDS YOU WERE GIVEN OR COURSES YOU HAVE TAKEN:

Military Service

U.S. MILITARY OR NAVAL SERVICE:

RANK AT DISCHARGE:

Employment History

List your employers starting with the most recent. Please account for all periods of not-working in the space provided at the end of this section.

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COMPANY NAME:

PHONE:

ADDRESS

SUPERVISOR:

JOB TITLE:

SALARY OR RATE OF PAY:

RESPONSIBILITIES

FROM

TO

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

COMPANY NAME:

PHONE:

ADDRESS

SUPERVISOR:

JOB TITLE:

SALARY OR RATE OF PAY:

RESPONSIBILITIES

FROM

TO

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

COMPANY NAME:

PHONE:

ADDRESS

SUPERVISOR:

JOB TITLE:

SALARY OR RATE OF PAY:

RESPONSIBILITIES

FROM

TO

REASON FOR LEAVING

MAY WE CONTACT THIS EMPLOYER?

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COMPANY NAME:	PHONE:
<input type="text"/>	<input type="text"/>
ADDRESS	SUPERVISOR:
<input type="text"/>	<input type="text"/>
JOB TITLE:	SALARY OR RATE OF PAY:
<input type="text"/>	<input type="text"/>
RESPONSIBILITIES	
<input type="text"/>	
FROM	TO
<input type="text"/>	<input type="text"/>
REASON FOR LEAVING	MAY WE CONTACT THIS EMPLOYER?
<input type="text"/>	<input type="text"/>
PLEASE EXPLAIN ANY GAPS IN YOUR WORK HISTORY.	
<input type="text"/>	

Character References

Give below the names of three persons not related to you, whom you have known at least one year.

NAME	PHONE
<input type="text"/>	<input type="text"/>
ADDRESS	RELATIONSHIP
<input type="text"/>	<input type="text"/>
NAME	PHONE
<input type="text"/>	<input type="text"/>
ADDRESS	RELATIONSHIP
<input type="text"/>	<input type="text"/>
NAME	PHONE
<input type="text"/>	<input type="text"/>
ADDRESS	RELATIONSHIP
<input type="text"/>	<input type="text"/>

UPLOAD YOUR RESUME

ADDITIONAL NOTES

Disclaimer and Signature

I certify that the information contained in this application is true and correct to the best of my knowledge and I understand that falsification of this

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information is grounds for refusal to hire or, if hired, termination of my employment. I agree that my employment is at-will and may be terminated (or an offer of employment may be withdrawn) by Water Tower Nursing(WTN) at any time, with or without cause, and with or without prior notice. I understand if hired, I will be required to produce documentary evidence proving that I am currently authorized to work in the United States. I also understand my continued employment is contingent upon providing proof of continuing work authorization upon expiration of any documents provided at time of hire. I understand that periodic drug testing may be required as a condition of employment and continued employment. I authorize WTN investigation of all statements contained herein. I hereby authorize WTN to conduct a criminal background investigation and to contact my references. I hereby authorize such references to give WTN any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I hereby release WTN, its shareholders, officers, directors, employees and agents from any and all liability for any damage that may result from the collection or utilization of such information in connection with evaluating my potential employment. I also understand and agree that no representative of WTN has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to foregoing, unless it is in writing and signed by WTN's President.

ACCEPTANCE