



PROFESSIONAL
CARE SERVICES

**APPLICATION FOR EMPLOYMENT
PROFESSIONAL CARE SERVICES
PO Box 1731 / 19 MAIN STREET
ELKINS, WV 26241
(304) 591-1834 FAX (304) 591-1826**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

Position Applied For: ☐ Homemaker Aide ☐ Office Position _____

Today's Date _____

How did you learn about us?

- | | | |
|----------------------------------------|--------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Other: _____ |

Last Name: _____ First Name: _____ Middle Name: _____

DOB: _____ Social Security Number: _____ - _____ - _____ Email: _____

Telephone Number: _____ Cell Number: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Have you ever worked or cared for an elderly or disable person? ☐ Yes ☐ No

Have you received CPR training? ☐ Yes ☐ No Have you received First Aid Training? ☐ Yes ☐ No

Are you a certified Home Health Aide, Homemaker Aide, or CNA? ☐ Yes ☐ No

If yes, where did you receive this training? _____

Are you physically able to perform the duties required of a Homemaker Aide? ☐ Yes ☐ No
(Bending, lifting, transferring, repositioning, or bathing clients)

Can you work evenings? ☐ Yes ☐ No

Can you work Saturdays? ☐ Yes ☐ No

Can you work Sundays? ☐ Yes ☐ No

Do you have any objections to working overtime? ☐ Yes ☐ No

Can you work overtime without prior notice? ☐ Yes ☐ No

<p>Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when _____</p> <p>Are you prevented from lawfully becoming employed in this county because of Visa or Immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(Proof of citizenship or immigration status will be required upon employment)</p> <p>Do you have a current and valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have reliable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>What date are you available to work? _____</p>	<p>What are you available to work? <input type="checkbox"/> Full-time <input type="checkbox"/> Part time <input type="checkbox"/> Temporary (Employees are expected to be available for evenings and weekends)</p> <p>Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been convicted of a felony within the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: _____</p> <p>Is your auto insurance current? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Can you travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Which counties do you prefer to work in? <input type="checkbox"/> Randolph <input type="checkbox"/> Pocahontas <input type="checkbox"/> Lewis <input type="checkbox"/> Barbour <input type="checkbox"/> Webster <input type="checkbox"/> Upshur <input type="checkbox"/> Tucker <input type="checkbox"/> Harrison</p>
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EMPLOYMENT EXPERIENCE

Start with your present job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, national origin, disabilities or other, protected status.

Name and address of most recent employer	Telephone Number	Immediate Supervisor (Name and Position)
Job Title and Duties	Starting Rate	Last Rate
Date Hired	Date Left	Reason for leaving (May we contact this employer)
Name and address of most recent employer	Telephone Number	Immediate Supervisor (Name and Position)
Job Titles and Duties	Starting Rate	Last Rate
Date Hired	Date Left	Reason for leaving (May we contact this employer)
Name and address of most recent employer	Telephone Number	Immediate Supervisor (Name and Position)
Job Titles and Duties	Starting Rate	Last Rate
Date Hired	Date Left	Reason for leaving (May we contact this employer)

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate School				
Graduate School				
Other (Specify)				

Tell us why you feel you will make a good homemaker aide, and why you will be an asset to Professional Care Services.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

THREE REFERENCES: (Nonrelatives)

NAME	OCCUPATION	PHONE NUMBER

State any additional information you feel may be helpful to us in considering your application.

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relation may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am to abide by all rules and regulations of the employer.

(Signature of Applicant)

(Date)