# Nurturing Hands Care

## Employment Application - Home Care Aide

Complete all required fields. Submission does not guarantee employment.

## Applicant Information

**Full legal name**

**Current street address**

**City** | **State** | **ZIP code**

**Current email address** | **Current telephone number**

**May we contact you by text message?** ☐ Yes ☐ No

**Are you at least 18 years old?** ☐ Yes ☐ No

## Work Area and Availability

**Which counties are you available to work in? Check all that apply.**

☐ Beaver ☐ Butler ☐ Lawrence ☐ Allegheny ☐ Dauphin

**Date available to begin** | **Desired hours per week**

**Days available**

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday

☐ Friday ☐ Saturday ☐ Sunday

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## Availability and Qualifications

### Shift Availability

**Check every shift you may be available to work.**

- ☐ Mornings
- ☐ Afternoons
- ☐ Evenings
- ☐ Overnights - depending on client needs
- ☐ Weekends - depending on client needs

### Experience and Qualifications

**Do you have previous home care, caregiving, or related experience?** ☐ Yes ☐ No

**If yes, briefly describe your experience.**

**Do you have reliable transportation to and from work?** ☐ Yes ☐ No

**Do you have a valid driver's license?** ☐ Yes ☐ No

**Are you willing to transport clients when required?** ☐ Yes ☐ No

**Current certifications or training - check all that apply.**

- ☐ CPR / First Aid
- ☐ CNA
- ☐ Home Health Aide
- ☐ HIPAA
- ☐ Bloodborne Pathogens
- ☐ Medication training
- ☐ None

**Other certification or training**

**Can you perform the essential duties of this position, with or without reasonable accommodation?** ☐ Yes ☐ No

**Are you willing to complete required background checks and employment screenings?** ☐ Yes ☐ No

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## Employment History and Applicant Statement

## Most Recent Employment

**Are you currently employed?** ☐ Yes ☐ No

**Most recent employer**

**Position held**

**Dates employed**

**May we contact this employer?** ☐ Yes ☐ No

**Reason for leaving**

## Professional Reference

**Reference name**

**Relationship**

**Telephone number**

**Email address**

## Final Questions

**Why are you interested in working for Nurturing Hands Care?**

**How did you hear about us?**

## Applicant Statement and Signature

I certify that the information provided is true and complete to the best of my knowledge. I understand that fa lse or misleading information may disqualify me from consideration or result in termination.

**Electronic signature - type your full legal name**

**Date**

**Save this completed form and email it to Officenhc@nurturinghandscare.org**

Nurturing Hands Care is an equal opportunity employer.