



PRE-EMPLOYMENT APPLICATION

Convenient Home Care Services Inc.

681 Main Street Suite 2-11, Waltham, MA 02451 781-642-0880 • Fax 781-642-0882
Email: chc.services@yahoo.com • Web: convenienthomecare.com

Today's Date _____

Convenient Home Care Services, Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each questions should be answered in a complete and accurate manner as no action can be taken on the application until all questions have been answered.

Personal Data

Name _____

Present Address _____

City _____ State _____ Zip _____

Home Phone (____) ____-____ Cell Phone (____) ____-____

Social Security Number ____/____/____ Email _____

In case of an emergency notify: (check one) Relative Friend

Name: _____

Address _____

Home Tel. Number (____) ____-____ Work Tel Number (____) ____-____

Have you ever been convicted of any crime (excluding minor traffic violations) including driving while under the influence of alcohol or drugs? Yes No

If yes, state the offense, location, date and disposition _____

Employment Desired

Full-Time Part-Time Per-Diem Short-Term Temporary Employment

Position applying for _____ Salary Desired per Hour _____

RN/LPN LIC# (if applicable) _____ CPR Certification (if applicable) _____

HHA Certified? (if applicable) _____ CPR Certification? Yes No Exp. Date _____

Date you are available to start _____

Have you every applied to our company before? Yes No

or worked for our company? Yes No

Are you interested in our Health Dental Benefits? Yes No

How did you hear about us? Direct Mail Internet NSPRN employee

Other _____

What Hours and Days are you willing to work? _____

Are you available weekends? Yes No

Do you have reliable transportation? Yes No

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

Are you willing to travel within a 30-mile radius of your home? Yes No

Education

High School	From: To:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied Diploma:
College	From: To:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied Diploma:
Trade School or Other	From: To:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied Diploma:

Employment History

Employer _____ Dates Employed: From _____ to _____

Address _____ Street Address Hourly Rate/ Salary: Starting _____ Final _____

City _____ State _____ Zip code _____ Job Title _____

Telephone Number(s) _____ Supervisor _____ Name and Title

FT or PT No. of Hours/Wk _____ Duties _____

Reason for Leaving _____

Employer _____ Dates Employed: From _____ to _____

Address _____ Street Address Hourly Rate/ Salary: Starting _____ Final _____

City _____ State _____ Zip code _____ Job Title _____

Telephone Number(s) _____ Supervisor _____ Name and Title

FT or PT No. of Hours/Wk _____ Duties _____

Reason for Leaving _____

Employer _____ Dates Employed: From _____ to _____

Address _____ Street Address Hourly Rate/ Salary: Starting _____ Final _____

City _____ State _____ Zip code _____ Job Title _____

Telephone Number(s) _____ Supervisor _____ Name and Title

FT or PT No. of Hours/Wk _____ Duties _____

Reason for Leaving _____

If you are presently employed, may we contact your present employer? Yes No

If NO, please explain _____

Have you ever been fired or asked to resign from a job? Yes No

If yes, please explain _____

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness? Yes No

If yes, please explain _____

References

Please list three (3) professional references, current/past supervisors or managers.
No relatives please.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Occupation _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Occupation _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) _____ - _____ Occupation _____

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I authorize the investigation of all statements and references regarding my employment history, character and qualifications and waive all parties from damage that may result from these findings. I understand that this Company has been certified by the Criminal History Systems Board (CORI) for access to conviction data and utilizes Healthcare Employment Screening (HES), Tulsa, OK for investigative consumer reports, background information and other information that may reflect upon my decision for employment. **I agree that, if employed, I will abide by all the rules and regulations of the company. I understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.**

Date _____ Signature _____

Print Name _____

Company Use Only...

Interviewed by _____

Comments _____



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