

APPLICATION FOR EMPLOYMENT – HOME SERVICES CAREGIVERS

APPLICATION FOR POSITION AS CAREGIVER ST. JOHN'S COMMUNITY CARE

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.

1. Name _____
(Last) (First) (Middle)

Any other name used for employment in past 10 years _____

2. Address _____
(Street) (City) (State) (Zip)

3. Home telephone number _____ Are you over 18 yrs. old? () Y () N

4. Are you authorized to work in the U.S. on an unrestricted basis? () Y () N

5. How did you learn of this opening?
Newspaper ad _____ (which paper?) _____
Friend/Relative(list name) _____
Yellow Pages _____ Website/Other(specify) _____

6. Have you worked here before? () Y () N If yes, what year(s)? _____

7. Are you able to perform the essential functions of the job as listed in the attached job description, with or without reasonable accommodation? () Y () N

8. Please indicate the days and hours of the day (for example: 6 a.m. -10 p.m.) you are generally available to work.

	Days	Evenings	Overnights
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

9. If offered employment, when are you available to begin working? _____

10. How much would you generally be available to work per week? (St. John's cannot guarantee a regular schedule or a minimum number of hours.)

Up to 20 hours

20-30 Hours

30-40 Hours

11. Are you willing to work in all parts of our service area if given clear directions?

() Y () N

If NO, please **cross out** communities you would **not** go to:

Collinsville Caseyville Fairview Heights Granite City Troy Edwardsville

12. Are you a licensed driver? _____ Would you be willing to use your vehicle

to shop for clients? _____ Transport clients? _____ (St. John's requires auto liability insurance of at least \$50,000 per individual/\$100,000 per accident and \$50,000/\$100,000 uninsured/underinsured driver coverage.)

NOTE: In accordance with Illinois law effective 1/1/2015, St. John's Community Care cannot inquire about or consider an applicant's criminal history until the applicant has been determined to be qualified for the job. If subsequent background check reveals "Disqualifying Convictions" as defined in the Health Care Worker Background Check Act and 77 Ill. Adm. Code 955 Sec. 955.160, then, by law, St. John's cannot offer employment.

St. John's Community Care is prohibited from using an applicant's arrest or criminal history record that has been expunged or sealed as a basis for refusing to hire, denying a promotion, or other terms and conditions of employment.

EDUCATION:

NAME AND LOCATION OF SCHOOL YRS. ATTENDED DID YOU GRADUATE?

High School

Other education or training

IF YOU DO NOT HAVE A HIGH SCHOOL DIPLOMA OR GED, WHAT OTHER EXPERIENCE OR TRAINING DO YOU FEEL GIVES YOU THE EQUIVALENT OF A HIGH SCHOOL EDUCATION?

IN ADDITION TO YOUR WORK HISTORY, WHAT OTHER EXPERIENCES, SKILLS, OR QUALIFICATIONS WOULD ESPECIALLY FIT YOU FOR WORK WITH OUR COMPANY? (Include volunteer and family caregiving experience.)

WORK HISTORY:

(If you were employed using another name, please indicate below.)

May we contact your present employer? () Y () N

1. Most recent employer Address(city/state) Telephone

Date started Date left Salary on leaving Position on leaving

Name and title of supervisor Reason for leaving

Description of duties

2. _____
Previous employer Address(city/state) Telephone

Date started Date left Salary on leaving Position on leaving

Name and title of supervisor Reason for leaving

Description of duties

3. _____
Previous employer Address(city/state) Telephone

Date started Date left Salary on leaving Position on leaving

Name and title of supervisor Reason for leaving

Description of duties

PERSONAL REFERENCES:

List three persons not related to you whom you have known at least one year.

Name	Phone Number	Best time to call (Morning, Afternoon, Evening)
1.	<hr/>	
2.	<hr/>	
3.	<hr/>	

APPLICANT’S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that, if I am employed, false statements may result in dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I authorize criminal record checks at local, state, and national levels. I agree to have my fingerprints captured by the service provider St. John’s Community Care designates. I release all parties from all liability for any damage that may result from furnishing same to you.

I understand that employment at this Company is “at will”, which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of the Company, other than the Board has any authority to alter the foregoing.

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Applicant’s Name (please print)	Social Security Number

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Date	Applicant’s Signature