

**PROVIDENCE HOME HEALTHCARE
EMPLOYMENT APPLICATION**

APPLICANT INFORMATION (PLEASE PRINT CLEARLY)				
Last Name		First		M.I.
Street Address				
City			State	Zip
Phone -----		E-mail Address		
Cell#				
Date Available To Start:			Date of Birth:	
Position Applying for: <input type="checkbox"/> Admin <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> PCA <input type="checkbox"/> HHA <input type="checkbox"/> CNA <input type="checkbox"/> Companion <input type="checkbox"/> Respite <input type="checkbox"/> Other: _____			Shift(s) Available:	
			Desired Salary:	
Referred By: <input type="checkbox"/> Walk In <input type="checkbox"/> Employee <input type="checkbox"/> Relative <input type="checkbox"/> School <input type="checkbox"/> Advertisement Source: _____ Other (Specify) _____				
Languages Spoken (Check all that apply): <input type="checkbox"/> Spanish <input type="checkbox"/> Russian <input type="checkbox"/> Polish <input type="checkbox"/> Hebrew <input type="checkbox"/> Yiddish <input type="checkbox"/> French <input type="checkbox"/> Hungarian <input type="checkbox"/> Other: _____				
Are you a citizen of the United States? YES NO		If no, are you authorized to work in the U.S.? YES NO		
Have you ever worked for this company? YES NO		If so, when?		
Have you ever been convicted of a crime? YES NO		If yes, explain		
Have you ever been adjudicated civilly or criminally liable for abuse of a person with a developmentally disabled person YES NO		If yes, explain		
Do you have any family members that work here? YES NO		If yes, state name, and relationship		
Are you currently employed?			Do you have a valid NJ Driver's License?	
EDUCATION				
High School			Address	
From	To	Did you graduate?	YES NO	Degree
College			Address	
From	To	Did you graduate?	YES NO	Degree
Other			Address	
From	To	Did you graduate?	YES NO	Degree
List any additional trainings or certifications (Include Professional License Number if applicable)				

REFERENCES*Please list three personal/professional references (DO NOT LIST FAMILY MEMBERS)*

Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	
Full Name	Relationship
Company	Phone
Address	

CURRENT/PREVIOUS EMPLOYMENT

Company	Phone		
Address			
Job Title	Supervisor	Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			
Company	Phone		
Address			
Job Title	Supervisor	Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			
Company	Phone		
Address			
Job Title	Supervisor	Starting Salary \$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES NO			

DISCLAIMER AND SIGNATURE

I agree and understand that all statements and information on my application are correct and no attempt has been made to conceal or withhold pertinent information. I agree that any falsification, omission, or misrepresentation is cause for immediate termination at any time during my employment.

Signature	Date
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INITIAL INTERVIEW QUESTIONS

Name: _____ Date: _____

How did you find out about this position/agency? _____

Do you know anyone who currently works or has worked at this agency? Yes/No Who: _____

Are you currently Employed now? Yes/No; if YES, where? _____

Tell us about yourself:

- What is your experience in the field?
- Have you ever been written up/ terminated before in current/ previous employment? (Why?)
- What has been your longest time employed with one Company?
- What are some of your strengths and weaknesses?
- Give an overview of Providence Home Healthcare

How would a previous supervisor describe you as an employee?

Part of the Job requirements:

Do you have any professional Licenses? _____

Are you willing to travel, how far? _____

What training do you have? _____

- Intro to Developmental Disabilities
- Abuse and Neglect
- CHHA
- First-Aid/CPR
- Support Coordination (DDD)
- Medication
- PCA
- Other _____

Shifts	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

PROVIDENCE HOME HEALTHCARE

678 SANFORD AVE, STE
NEWARK NJ 07106

Professional Reference Request (use one sheet per reference)

The applicant named below has applied for employment with PROVIDENCE HOME HEALTHCARE.

We ask that you provide us with the relevant information that we have requested.

Name of Applicant: _____

Date: _____

Person Giving the Information: _____

Telephone: _____

Position Held: _____

Company Name: _____

Company Address: _____

Dates of Employment of Applicant: _____

DO NOT WRITE BELOW THIS BREAK: FOR EMPLOYER USE ONLY

	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Knowledge of Work				
Dependability				
Personality				
Attendance/Punctuality				
Attitude Towards Supervisors				

Reason for leaving: _____

Would you rehire? Yes No

Comments: _____

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Telephone: _____

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Company Name: _____

Company Address: _____

Dates of Employment of Applicant: _____

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	EXCELLENT	GOOD	FAIR	POOR
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Knowledge of Work				
Dependability				
Personality				
Attendance/Punctuality				
Attitude Towards Supervisors				

Reason for leaving: _____

Would you rehire? Yes No

Comments: _____

PROVIDENCE HOME HEALTHCARE

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NEWARKNJ 07106

Personal Reference Request (use one sheet per reference)

The applicant named below has applied for employment with PROVIDENCE HOME HEALTHCARE.

We ask that you provide us with the relevant information that we have requested.

Name of Applicant: _____

Date: _____

Person Giving the Information: _____

Telephone: _____

Position Held: _____

Company Name: _____

Company Address: _____

Dates of Employment of Applicant: _____

DO NOT WRITE BELOW THIS BREAK: FOR EMPLOYER USE ONLY

	EXCELLENT	GOOD	FAIR	POOR
Quality of Work				
Knowledge of Work				
Dependability				
Personality				
Attendance/Punctuality				
Attitude Towards Supervisors				

Reason for leaving: _____

Would you rehire? Yes No

Comments: _____

**PROVIDENCE HOME HEALTHCARE
678 SANFORD AVE, STE E
NEWARK NJ 07106**

Employee Emergency Contact Form

Please list below contacts that we may get in touch with if there is an emergency while you are at work.

Employee Name: _____ Position: _____

Emergency Contact: (1)	
Relationship:	
Phone Number:	

Emergency Contact: (2)	
Relationship:	
Phone Number:	

Emergency Contact: (3)	
Relationship:	
Phone Number:	