



We Kare Home Care, LLC

www.wekarehomecare.net
 wekarehomecare@gmail.com
 609-891-6713

Employment Application

Applicant information

Date	
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First name		State	
Middle initial		Postal code	
Last name		Home number	
Street Address		Cell number	
City		Email	

Case assignment criteria

(Please select Yes or No)

Dementia experience	Yes	No	Available for live-in shifts	Yes	No
Hospice experience	Yes	No	Ok with clients smoking	Yes	No
Incontinence experience	Yes	No	Ok with clients with cats	Yes	No
Hoyer Lift experience	Yes	No	Ok with clients with dogs	Yes	No
Have transportation to and from work?	Yes	No			

Education & Training

GED diploma	Yes	No	Date received	
High school graduate	Yes	No	Date graduated	Name of HS

College graduate	Yes	No	Date graduated		Name of College	Degree received	
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Certifications and Credentials

(Please check all that apply and enter the expiration dates as applicable)

Chest X-ray		Passport		PPD / TB / Titer's test	
CNA license		Driver's license		Physical examination	
HHA certification		State ID card			
CPR certification		Available morning hours			
First Aid certification		Available evening hours			
Driver's license		Available for over nights			

Employment History

(List last 3 places of employment)

Employer	Postal Code
Supervisor	Phone number
Address	
City	
State	

Employer	Postal Code
Supervisor	Phone number
Address	

City	
State	

Employer	Postal Code
Supervisor	Phone number
Address	
City	
State	

Professional references

(Please provide 2 professional references and 1 personal reference)

Name (professional)	Phone number
Name (professional)	Phone number
Name (personal)	Phone number

Have you ever been convicted of or pleaded guilty to a crime (other than minor traffic violations) in the past seven years? If so, please explain (provide date, location, charge, etc.)	Yes No
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I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize We Kare Home Care LLC Inc. to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal and credit background

investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employee of We Kare Home Care, LLC serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United State, to file State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that if employed on a temporary basis, I would be paid for hours worked only, and would be ineligible for benefits including paid time off. I understand that first ninety days of regular employment represent a provisional period, during which I would not be eligible to apply for unemployment benefits and during which I may be terminated without right of appeal.

Signature