Employment Application

Calbert + Harris

Position Applied For:_____

Personal Information

Name:

Address:

City: **State:** **Zip code:**

Phone [Daytime]: **Phone [Evening]:**

Email:

Are you legally able to work in the U.S? ☐YES ☐NO **Are you over the age of 18?** ☐YES ☐NO

Availability

Employment type: ☐**Full** ☐**Part Time** ☐**Per Diem**

Days Available: ☐**Sunday** ☐**Monday** ☐**Tuesday** ☐**Wednesday** ☐**Thursday** ☐**Friday** ☐**Saturday**

Shift Preference: ☐**Days** ☐**Evenings** ☐**Nights** ☐**Flexible**

Available Start Date:

Education

High School: **Diploma/GED:** ☐**Yes** ☐**No**

College:

Program:

Degree/Certification:

LICENSES & CREDENTIALS (If Applicable)

License Type (RN, LPN, CNA, etc.): _____

License Number: _____

State Issued: _____

Expiration Date:_____

CPR Certified ☐ YES ☐ NO

Work Experience

Employer #1:

Employer contact name and number:

Position:

Dates employed:

Work Experience

Employer #2:

Employer contact name and number:

Position:

Dates employed:

Work Experience

Employer #3:

Employer contact name and number:

Position:

Dates employed:

Type of Population Served: (Check all that apply)

☐ **Elderly** ☐ **Disabled** ☐ **Post-Hospital** ☐ **Patients** ☐ **Families**

☐ **Behavioral** ☐ **Health Housing-Insecure** ☐ **Other: _____**

Care/Service Setting

☐ **Home Care** ☐ **Hospital** ☐ **Nursing Facility** ☐ **Community - Based** **Other**

Skills + Experiences

☐ **Skilled Nursing** ☐ **Home Health Aide Experience** ☐ **Care Coordination**

☐ **Medication Management** ☐ **Patient Safety & Transfers**

☐ **Dementia/Alzheimer's Care** ☐ **Housing/Community Support**

Reference #1

Name

Relationship

Contact (phone and/or email)

Reference #2

Name

Relationship

Contact (phone and/or email)

Reference #3

Name

Relationship

Contact (phone and/or email)

Background Information

Are you able to perform the essential functions of the job with or without accommodation?

☐ **Yes** ☐ **No**

Background Information

Have you ever been convicted of a crime? ☐ **Yes** ☐ **No**

If yes explain here:

ACKNOWLEDGMENT

I certify that the information provided is true and complete. I understand that any false information may result in disqualification or termination.

Signature: _____ **Date:**_____