



## Employment Application

Applicant's Name: \_\_\_\_\_  
Last First Middle

Previous Names Used: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home: ( \_\_\_\_\_ ) - \_\_\_\_\_ Cell: ( \_\_\_\_\_ ) - \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Are you seeking? \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Per- Diem

When can you start work? \_\_\_\_\_

How did you hear about Cross Home Care? \_\_\_\_\_

Have you applied to Cross Home Care before? Yes No When? \_\_\_\_\_

Have you worked at Cross Home Care before? Yes No When? \_\_\_\_\_

Are you at least 18 years old? Yes No (If you are hired you may be required to submit proof of age.)

Can you show us a social security card? Yes No

Have you ever been convicted of any law violation? Yes No

If yes, give details: \_\_\_\_\_

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered.)

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

Is there any reason that you cannot perform the essential tasks of this position?  
(i.e. lifting 30+ lbs, climbing stairs, walking on multiple surfaces...) Yes No

### **Education and Skills**

Highest level of education: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Name of school: \_\_\_\_\_ Location: \_\_\_\_\_

What languages do you speak? \_\_\_\_\_

Do you have a CNA Certification? Yes No (Bring to interview if applicable)

Do you have current CPR Certification? Yes No Expiration Date: \_\_\_\_\_

Other Licenses or Certificates: \_\_\_\_\_

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

Driver's License #/State: \_\_\_\_\_ Do you have insurance? Yes No

Cross Home Care

Are you willing to complete on-the-job training and annual competency testing? Yes No

What skills do you have that are relevant to working with seniors and adults with disabilities?

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**Employment History**

List all employment for the last 3 years, starting with the present or most recent. Explain any periods of unemployment over three months at the end of the Employment History Section.

Are you presently employed? Yes No

If yes, may we contact your present employer? Yes No

**Company/ Individual Name:** \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_

Contact Number: ( ) - \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Present \_\_\_\_\_ Quit \_\_\_\_\_ Fired \_\_\_\_\_ Laid-Off

**Company/ Individual Name:** \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_

Contact Number: ( ) - \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Present \_\_\_\_\_ Quit \_\_\_\_\_ Fired \_\_\_\_\_ Laid-Off

Cross Home Care

**Company/ Individual Name:** \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_

Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Present \_\_\_\_\_ Quit \_\_\_\_\_ Fired \_\_\_\_\_ Laid-Off

**Company/ Individual Name:** \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_

Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position(s) Held: \_\_\_\_\_

Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_ Present \_\_\_\_\_ Quit \_\_\_\_\_ Fired \_\_\_\_\_ Laid-Off

**Dates Explanation of Employment Gaps of Over Three Months:**

Start: \_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_: \_\_\_\_\_

Start: \_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_: \_\_\_\_\_

Start: \_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_: \_\_\_\_\_

**References**

*Please list at least 2 professional work references. If you do not have three work references, list personal references and describe who they are.*

Individual's Name: \_\_\_\_\_

Company/ Organization: \_\_\_\_\_

Title in Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Length of time you have known person: \_\_\_\_\_

Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Company/ Organization: \_\_\_\_\_

Title in Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Length of time you have known person: \_\_\_\_\_

Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Individual's Name: \_\_\_\_\_

Company/ Organization: \_\_\_\_\_

Title in Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_

Length of time you have known person: \_\_\_\_\_

Contact Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**(Companions and Personal Care Providers ONLY):**

**Preferences**

\* Shifts vary due to client preference. Shifts can be as short as 2 hours

**8 Hour Shifts:** *Morning Shift- 7am-3pm*      *Evening Shift- 3pm-11pm*      *Night Shift- 11pm-7am*

**12 Hour Shifts:**                      *Day Shift- 5 am to 5 pm*                      *Night Shift- 5pm to 5am*

*Early weekday shifts:* Monday 6 am to Wednesday 12pm (Mon & Tue 6am -10pm; Wed 6am-12pm)-38hrs–2 nights

*Mid-weekday Shifts:* Wednesday 12 pm to Fri 6 pm (Wed 12-10pm; Thurs 6am-10pm; Fri 6am-6pm)-38hrs-2 nights

*Weekend shifts:* Fri 6 pm to Monday 6 am (Fri 6pm-10pm; Sat & Sun 6am-10pm; Sleepover)-36hrs- 3 nights

**What is your Shift Preference?**

Place an "X" next to the shift(s) that you prefer.

2-7 Hour Shifts	
8 Hour Shift	
12 hour Shift	

**Availability**

Please indicate the times you are available to work each day:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**All Applicants:**

THINGS TO BRING TO INTERVIEW (if applicable)

Copy of Resume, Driver's License, Social Security Card or Birth Certificate, CNA or other licenses, CPR Certification and any clearances.

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:

I authorize Cross Home Care to investigate all statements contained in this application. I understand and agree to the following:

1. Misrepresentation or omission in responding to these questions may be cause for dismissal;
2. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
3. Neither an invitation to, nor attendance at, an orientation or training constitutes an offer of employment;
4. If I am offered employment with Cross Home Care it will be on an at-will basis, that is, Cross Home Care and I each have the right to terminate the employment at any time, with or without cause;
5. If I am offered employment with Cross Home Care it may be contingent upon my passing a drug test, Background Check, Driving Record, and other required testing.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_