

Helping Hands Services, LLC

APPLICATION FOR EMPLOYMENT:

An Equal Opportunity Employer

We do not discriminate on the basis of age over 40, race, sex, color, religion, national origin, disability, or any other applicable status protected by state or local law. It is our intention that all qualified applicant be given equal opportunity and that selection decisions be based on job-related factors. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Today's Date ____ / ____ / _____

****This is considered a part-time job, as full time hours can't be promised, but you can get some full-time hours when available.***

When could you start work? _____

Present Street Address (City State Zip Code):

Are you 18 year of age or older? Yes • No • (If you are hired you may be required to submit proof of age.)

Social Security # _____ - _____ - _____

If hired, can you furnish proof you are eligible to work in the U.S.? Yes • No •

Have you ever applied here before? Yes • No • If yes, when?

Were you ever employed here? Yes • No • If yes, when?

Have you ever been convicted of any law violation (except a minor traffic 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.)

Are you now or do you expect to be engaged in any other business or employment? Yes • No •

If yes, please explain:

Do you have a valid driver’s license? Yes • No •

List name and address of High School or GED:

College or University:

Vocational or Technical School:

What skills, certifications or additional training do you have that are related to the job for which you are applying?

Last Name, First Name, Middle Initial:

Telephone Number: (_____) _____ - _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR: _____

NAME OF EMPLOYER _____

JOB TITLE AND DUTIES:

ADDRESS (City, State and Zip code):

DATES OF EMPLOYMENT:

FROM: _____ TO: _____

PAY: START \$ _____ FINAL \$ _____

SUPERVISOR NAME: _____

SUPERVISOR'S TELEPHONE: _____

REASON FOR LEAVING:

PLEASE GIVE MONTH AND YEAR: _____

NAME OF EMPLOYER _____

JOB TITLE AND DUTIES:

ADDRESS (City, State and Zip code):

DATES OF EMPLOYMENT:

FROM: _____ TO: _____

PAY: START \$ _____ FINAL \$ _____

SUPERVISOR NAME: _____

SUPERVISOR'S TELEPHONE: _____

REASON FOR LEAVING:

PLEASE GIVE MONTH AND YEAR: _____

NAME OF EMPLOYER _____

JOB TITLE AND DUTIES:

ADDRESS (City, State and Zip code):

DATES OF EMPLOYMENT:

FROM: _____ TO: _____

PAY: START \$ _____ FINAL \$ _____

SUPERVISOR NAME: _____

SUPERVISOR'S TELEPHONE: _____

REASON FOR LEAVING:

PLEASE GIVE MONTH AND YEAR: _____

NAME OF EMPLOYER _____

JOB TITLE AND DUTIES:

ADDRESS (City, State and Zip code):

DATES OF EMPLOYMENT:

FROM: _____ TO: _____

PAY: START \$ _____ FINAL \$ _____

SUPERVISOR NAME: _____

SUPERVISOR'S TELEPHONE: _____

REASON FOR LEAVING:

Have you worked or attended school under any other names? Yes • No •

If yes, give names:

Are you presently employed? Yes • No •

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

Have you ever been fired from a job or asked to resign? Yes • No •

If yes, please explain :

Give three (3) references, not relatives or former employers. Name Address Phone

_____	_____	(____)	_____	-	_____
_____	_____	(____)	_____	-	_____
_____	_____	(____)	_____	-	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING:

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure

of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the investigation of any of all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organization from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. 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. I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post-employment drug screen as a condition of employment, if required. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITH NOTICE. I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: ____/____/____

This application for employment will remain active for a limited time. Ask the organization representative for details.

EMPLOYEE AVAILABILITY:

Please provide the following information on your availability to work for Helping Hands Services, LLC.

Type of Transportation you have / will use for home visits:

Do you have a problem working with a client who smokes? Yes ☐ No ☐

Do you have a problem working with a client who has pets? Yes ☐ No ☐

How many hours are you willing to work per week? _____

List your Emergency Contact information (as many as you want):

Name: _____ Phone number: (____) _____ - _____

Name: _____ Phone number: (____) _____ - _____

Name: _____ Phone number: (____) _____ - _____

