



EMPLOYMENT APPLICATION

Golden Years Concierge Service, LLC is an equal opportunity employer. We do not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on any basis protected by local, state or federal law, including a person's age, gender, sexual orientation, race, creed, national origin, religion, disability, or veteran status. No applicant will be considered for employment solely based on this application.

PERSONAL INFORMATION: (Please print clearly and answer all questions completely.)

Today's Date: _____

Positions(s) Applied For: _____

Name: _____
Last First Middle

Current Address: _____
Street City State Zip Code

Previous Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____ Email: _____

Emergency Contact(s): _____ (____) _____
Name Phone

_____ (____) _____
Name Phone

Valid Driver's License #: _____ State Issued: _____ Exp. Date: _____

How did you hear about our Home Care Agency? _____

Why are you interested in employment with us?

AVAILABILITY:

Due to the nature of the business, no guarantee can be made as to the schedule or the amount of hours worked.

What date are you available to begin work? _____

Please complete all areas of availability:

_____ Mornings _____ Afternoon _____ Evenings _____ Overnights _____ Weekdays _____ Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

| | | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|-------|-------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| Shift | From: | | | | | | | |
| | To: | | | | | | | |

PREFERENCES:

Please indicate all areas of the city in which you are willing to work:

___ Bucks County ___ Chester County ___ Delaware County ___ Montgomery County ___ Philadelphia County

Please indicate the types of services which you are willing to provide:

| | | | | | |
|--------------------------|----------------------------|--------------------------|-----------------------------|--------------------------|----------------------------------|
| <input type="checkbox"/> | Companionship | <input type="checkbox"/> | Housekeeping (Dust/ Vacuum) | <input type="checkbox"/> | Errands/Shopping/Transportation* |
| <input type="checkbox"/> | Meal Preparation | <input type="checkbox"/> | Laundry/Ironing | <input type="checkbox"/> | Personal Care (Bathing/ Feeding) |
| <input type="checkbox"/> | Activities (Games/ Crafts) | <input type="checkbox"/> | Medication Reminders | <input type="checkbox"/> | Pet Care (Walking Dog/ Vet Appt) |
| <input type="checkbox"/> | Personal Assistant | <input type="checkbox"/> | Home Management | <input type="checkbox"/> | Other _____ |

**In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required.*

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: _____ Cats _____ Dogs

Are you willing to provide service to a client that smokes? Yes / No

JOB RELATED SKILLS:

Describe any training or life skills you have that apply to caring for adults:

Describe any work history you have that would apply to caring for adult's

What do you like (or think you would like) most about caring for people?

What do you like (or think you would like) least about caring for adults

What personal rewards do you get from companion care?

EDUCATION *

For employment our minimum education requirement is either a GED or High School diploma

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16 16+

| School Type | School Name | City, State | Major/Subject | # Yrs Attended | Graduate |
|----------------------|-------------|-------------|---------------|----------------|----------|
| High School | | | | | Y / N |
| Vocational/Technical | | | | | Y / N |
| College/University | | | | | Y / N |

WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

MOST RECENT EMPLOYER

Are you currently working for this employer? **Yes / No** If yes, may we contact? **Yes / No**

Company Name _____
City _____
State _____
Phone Number _____
()

Dates Employed: From _____ to _____
Job Title _____
Supervisor's Name _____

Duties

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

SECOND MOST RECENT EMPLOYER

Company Name _____
City _____
State _____
Phone Number _____
()

Dates Employed: From _____ to _____
Job Title _____
Supervisor's Name _____

Duties

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

THIRD MOST RECENT EMPLOYER

Company Name _____
City _____
State _____
Phone Number _____
()

Dates Employed: From _____ to _____
Job Title _____
Supervisor's Name _____

Duties

\$ _____ per _____
Salary (Hour, Week, Month) Reason for Leaving

SECURITY:

*****Please be sure to complete the attached Authorization to do a criminal and motor vehicle background check.

As a condition of employment all employees must be "Bondable"& "Insurable". Are you at least 18 years of age? **Yes / No**

List states *and* counties of residence for the past seven years:

Have you had any moving traffic violations? **Yes / No** If yes, please describe: _____

REFERENCES (Do not include relatives)

Please complete all three references. Your application will not be considered unless 3 references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 3 references, you will be asked to provide additional references.

| | Full Name | Phone Number | Relationship | Number of Years Known |
|----|-----------|--------------|--------------|-----------------------|
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |

CERTIFICATION AND RELEASE: I certify that I have read and understand the application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between the Company and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

APPLICANT SIGNATURE

DATE