



# PRE-EMPLOYMENT APPLICATION

Convenient Home Care Services Inc.

681 Main Street Suite 2-11, Waltham, MA 02451 781-642-0880 • Fax 781-642-0882  
Email: chc.services@yahoo.com • Web: convenienthomecare.com

Today's Date \_\_\_\_\_

Convenient Home Care Services, Inc. is an equal opportunity employer and will consider all applicants for all positions equally without regard to their race, sex, age, color, religion, national origin, veteran status or any disability as provided in the Americans With Disabilities Act. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Each questions should be answered in a complete and accurate manner as no action can be taken on the application until all questions have been answered.

## Personal Data

Name \_\_\_\_\_

Present Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_

Social Security Number \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email \_\_\_\_\_

In case of an emergency notify: (check one)  Relative  Friend

Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Tel. Number (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work Tel Number (\_\_\_\_) \_\_\_\_-\_\_\_\_

**Have you ever been convicted of any crime** (excluding minor traffic violations) including driving while under the influence of alcohol or drugs?  Yes  No

If yes, state the offense, location, date and disposition \_\_\_\_\_

## Employment Desired

Full-Time  Part-Time  Per-Diem  Short-Term Temporary Employment

Position applying for \_\_\_\_\_ Salary Desired per Hour \_\_\_\_\_

RN/LPN LIC# (if applicable) \_\_\_\_\_ CPR Certification (if applicable) \_\_\_\_\_

HHA Certified? (if applicable) \_\_\_\_\_ CPR Certification?  Yes  No Exp. Date \_\_\_\_\_

Date you are available to start \_\_\_\_\_

Have you every applied to our company before?  Yes  No

or worked for our company?  Yes  No

Are you interested in our Health Dental Benefits?  Yes  No

**How did you hear about us?**  Direct Mail  Internet  NSPRN employee  
 Other \_\_\_\_\_

What Hours and Days are you willing to work? \_\_\_\_\_

Are you available weekends?  Yes  No

Do you have reliable transportation?  Yes  No

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

Are you willing to travel within a 30-mile radius of your home?  Yes  No

## Education

High School	From: To:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied Diploma:
College	From: To:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied Diploma:
Trade School or Other	From: To:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Courses Studied Diploma:

## Employment History

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Name and Title

FT or  PT No. of Hours/Wk \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Name and Title

FT or  PT No. of Hours/Wk \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Name and Title

FT or  PT No. of Hours/Wk \_\_\_\_\_ Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

If you are presently employed, may we contact your present employer?  Yes  No

If NO, please explain \_\_\_\_\_  
\_\_\_\_\_

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

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Have you ever been disciplined or received verbal or written warnings for absenteeism or tardiness?  Yes  No

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

References

Please list three (3) professional references, current/past supervisors or managers.  
**No relatives please.**

\_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_  
Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Occupation \_\_\_\_\_

AFFIDAVIT

I certify that my answers to the foregoing questions are true and correct without any consequential omissions of any kind whatsoever. I understand that if I am employed, any false, misleading or otherwise incorrect statements made on this application form or during any interviews may be grounds for my immediate discharge. I authorize the investigation of all statements and references regarding my employment history, character and qualifications and waive all parties from damage that may result from these findings. I understand that this Company has been certified by the Criminal History Systems Board (CORI) for access to conviction data and utilizes Healthcare Employment Screening (HES), Tulsa, OK for investigative consumer reports, background information and other information that may reflect upon my decision for employment. **I agree that, if employed, I will abide by all the rules and regulations of the company. I understand that my employment is "at-will" and may be terminated by myself or by the company at any time for any reason or no reason at all, with or without prior notice.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Company Use Only...

\_\_\_\_\_  
Interviewed by \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_



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