



EMPLOYMENT APPLICATION

Welcome!

WE ARE AN EQUAL OPPORTUNITY EMPLOYER.
ALL INFORMATION WILL REMAIN CONFIDENTIAL

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with independently owned and operated NOGAH Home Care agency. This is not an employment contract. Please answer appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national age, disability, or any other protected class status under applicable law. **Additional testing for the presence of illegal drugs in your body may be required prior to employment.**

Criminal background checks for persons who now, or have previously resided and/or worked in the provided state are obtained through the state's Patrol Agencies.

PLEASE PRINT

Name _____
Last Name First Name Middle Name

Address: _____
Number/Street City State Zip Code # of Years Lived

Mailing Address _____
(If Different) Number/Street City State Zip Code

Home Phone: _____ Cell Phone: _____

Message Phone: _____ Other Phone: _____

Email: _____ Are you 21 years of age or older? ☐ Yes ☐ No

List other names and aliases you have been known by: _____

List all other places you lived in the past three years: _____

Placement you are seeking: ☐ Full Time ☐ Part Time ☐ Relief. Hours preferred per week: _____

Certification/Licenses: ☐ Certified Caregiver ☐ CNA ☐ NAR ☐ Nurse Delegation ☐ CPR First Aid

☐ Food Handler's Permit ☐ Other(s): _____

Has your license ever been limited, suspended, or revoked? ☐ No ☐ Yes—If yes, Please explain: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration Status? ☐ No ☐ Yes

Have you ever submitted an application here before? ☐ No ☐ Yes—Please give the date(s): _____

Have you ever been employed here before? ☐ No ☐ Yes. If yes, when? _____

Do you have family member(s) or friend(s) employed at NOGAH Home Care? ☐ No ☐ Yes—If yes, please list names: _____

How did you hear about our NOGAH Home Care Agency? _____

Personal References

A minimum of three (3) references, including complete mail address, is required.

DO NOT include family members or relatives!

Full Name	Phone Number	Best Time of Day to Call	Relationship	Number of Years Known
1)	H () W ()	AM / PM AM / PM		
2)	H () W ()	AM / PM AM / PM		
3)	H () W ()	AM / PM AM / PM		

Transportation

Driving records and background checks are obtained through state's patrol agencies. Legal action will be followed for any type of false or misleading statements during the interview and on this form.

Some clients require transportation. Do you have current driver's license? ☐ No ☐ Yes. Do you have proof of auto insurance? ☐ No ☐ Yes

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

Make & Model of Vehicle: _____ Year of vehicle: _____

Auto In Co: _____ Policy # _____ Exp. Date _____

Have you had any moving traffic violations? ☐ No ☐ Yes. If yes, please describe:

Have you been involved in any type of car accident in the past three years? ☐ No ☐ Yes. If yes, please explain.

Emergency Contact Information

Name	Relationship	Phone Number

Education:

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/ GED					Y / N
Vocational/Technical					Y / N
College/University					Y / N
Other—Specify					Y / N

SPECIALIZED EXPERIENCE, VOLUNTEER WORK, TRAINING/SKILLS

Indicate months/years of experience for all that apply—for example: ☐ 6 mo. Cancer ☐ 2 yrs. Stroke

- | | | |
|--|--|--|
| <input type="checkbox"/> _____ Alzheimer’s/Dementia | <input type="checkbox"/> _____ Feeding Tubes | <input type="checkbox"/> _____ Non-Sterile Dressing |
| <input type="checkbox"/> _____ Bathing Males/Females | <input type="checkbox"/> _____ Foley Catheter | <input type="checkbox"/> _____ Oxygen |
| <input type="checkbox"/> _____ Bedpan Toileting/BSC | <input type="checkbox"/> _____ Foot Edema | <input type="checkbox"/> _____ Parkinson’s Disease |
| <input type="checkbox"/> _____ Blind/Visually Impaired | <input type="checkbox"/> _____ Heart Disease | <input type="checkbox"/> _____ Positioning |
| <input type="checkbox"/> _____ Blood Sugar Testing | <input type="checkbox"/> _____ Medication Monitoring | <input type="checkbox"/> _____ Preparing Special Diets |
| <input type="checkbox"/> _____ Cancer | <input type="checkbox"/> _____ Mentally Handicapped | <input type="checkbox"/> _____ Stroke |
| <input type="checkbox"/> _____ Care of Pressure Area | <input type="checkbox"/> _____ Mobility Aids | <input type="checkbox"/> _____ Temperamental |
| <input type="checkbox"/> _____ Colostomy Bag | <input type="checkbox"/> _____ Epileptic | <input type="checkbox"/> _____ Client Vital |
| <input type="checkbox"/> _____ Diabetic | <input type="checkbox"/> _____ External Foley Care | <input type="checkbox"/> _____ Signs/Blood Pressure Weigh |
| | | <input type="checkbox"/> _____ Depression/Mental Instability |

Transfers:

☐ _____ Bedridden Patients ☐ _____ Wheelchair ☐ _____ Hoyer Lift
☐ _____ Transfer Board Other: _____

Are you willing to work with people who smoke cigarette? ☐ No ☐ Yes

What work duties are you NOT willing to do?

INTEREST/ HOBBIES

Please list any skills, hobbies, or other activities that would contribute to your proficiency as a caregiver. Many 12- and 24-hour jobs include considerable amounts of unstructured time, and leisure time participation with the client is important. Please indicate activities you enjoy and/or are able to teach to someone else.

<input type="checkbox"/> _____ Board / Card Games	<input type="checkbox"/> _____ Crocheting / Knitting	<input type="checkbox"/> _____ Puzzles
<input type="checkbox"/> _____ Conversationalist	<input type="checkbox"/> _____ Gardening	<input type="checkbox"/> _____ Reading to Client
<input type="checkbox"/> _____ Cooking / Baking	<input type="checkbox"/> _____ Hairdressing	<input type="checkbox"/> _____ Sewing
<input type="checkbox"/> _____ Crafts	<input type="checkbox"/> _____ Manicures	<input type="checkbox"/> Other: _____

How would you rate your cooking skills? ☐ Excellent ☐ Good ☐ Average ☐ TV dinners

Are you comfortable cooking from scratch or do you prefer using prepared foods?

How would you describe your personality (quiet, bubbly, humorous)?

MEDICAL:

Due to the fact we match client needs with caregiver abilities, please list any physical or mental limitations and/or impairments that would have a direct effect on providing care to clients. For example: cannot lift more than 10 pounds due to back problem. On medication and cannot drive while taking it.

WORK HISTORY: List present or MOST RECENT job first. Please fill in all the areas requested.

MOST RECENT EMPLOYER

Employer:			
Address		From:	To: Hourly Wage: \$
City/State/Zip		Job Title:	
Phone:	Supervisor:	Job Duties:	
Reason for Leaving:			
Explain Time Between Jobs:			
May we contact the employer? <input type="checkbox"/> No <input type="checkbox"/> Yes			

SECOND MOST RECENT EMPLOYER

Employer:			
Address		From:	To: Hourly Wage: \$
City/State/Zip		Job Title:	
Phone:	Supervisor:	Job Duties:	
Reason for Leaving:			
Explain Time Between Jobs:			
May we contact the employer? <input type="checkbox"/> No <input type="checkbox"/> Yes			

THIRD MOST RECENT EMPLOYER

Employer:			
Address		From:	To: Hourly Wage: \$
City/State/Zip		Job Title:	
Phone:	Supervisor:	Job Duties:	
Reason for Leaving:			
Explain Time Between Jobs:			
May we contact the employer? <input type="checkbox"/> No <input type="checkbox"/> Yes			

TELL US ABOUT YOU

Please tell us about any caregiving experience you have that is not included in your work history. Also include how long you performed those tasks. (Example: Caregiving for parents or volunteer work.)

Caregiving requires a high degree of dependability. Describe why you feel you are dependable. Give Example(s).

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
Morni	From:							
	To:							
Aftern	From:							
	To:							
Night	From:							
	To:							

DISCLOSURE STATEMENT

Applicants, employees, and registrants of this organization are subject to state laws that protect the clients we work with: vulnerable adults and the elderly. You are required to sign this statement as part of our screening process and as a requirement of employment.

WHAT WILL DISQUALIFY A PERSON FROM WORKING WITH VULNERABLE ADULTS?

1. If your record shows a conviction for the following crimes, you are automatically disqualified:

<ul style="list-style-type: none"> • Arson 1st Degree • Assault 1st Degree • Assault 2nd Degree • Assault 3rd Degree • Assault 4th Degree (Simple Assault) • Assault of Child 1st Degree • Assault of Child 2nd Degree • Assault of Child 3rd Degree • Burglary 1st Degree • Child Abandonment • Child Abuse or Neglect (as defined in RCW 26.44.020) • Child Buying or Selling • Child Molestation 1st Degree • Child Molestation 2nd Degree • Child Molestation 3rd Degree • Criminal Abandonment • Criminal Mistreatment 1st Degree • Criminal Mistreatment 2nd Degree • Vehicular Homicide (Negligent Homicide) • Unlawful Imprisonment 	<ul style="list-style-type: none"> • Custodial Assault • Custodial Interference 1st Degree • Custodial Interference 2nd Degree • Extortion 1st Degree • Extortion 2nd Degree • Extortion 3rd Degree • Felony Indecent Exposure • Forgery • Incest • Indecent Liberties • Kidnapping 1st Degree • Kidnapping 2nd Degree • Malicious Harassment • Manslaughter 1st Degree • Manslaughter 2nd Degree • Murder 1st Degree • Murder 2nd Degree • Patronizing a Juvenile Prostitute • Promoting Pornography • Promoting Prostitution 1st Degree • Prostitution 	<ul style="list-style-type: none"> • Rape 1st Degree • Rape 2nd Degree • Rape 3rd Degree • Rape of Child 1st Degree • Rape of Child 2nd Degree • Rape of Child 3rd Degree • Robbery 1st Degree • Robbery 2nd Degree • Selling or Distributing Erotic Material to Child • Sexual Exploitation of Minor • Sexual Misconduct with Minor 1st Degree • Sexual Misconduct with Minor 2nd Degree • Theft 1st Degree • Theft 2nd Degree • Theft 3rd Degree • Violation of Child Abuse Restraining Order • Possession with Intent to Manufacture and/or Deliver Controlled Substance • Mfg. and/or Delivery of Controlled Substance • Communication with a Minor for Immoral Purposes
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2. If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified or terminated.
3. If a court, state department, disciplinary board, or dependency action has found that you have abuse, neglected, exploited, or sexually abused any minor or vulnerable adult; you are automatically disqualified from employment and/or placement through this organization.
4. If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified from employment and/or placement through this organization.
5. Have you ever been arrested or convicted of any of the crimes listed above? ☐ No ☐ Yes –
Please describe:

<u>Incident</u>	<u>City/State</u>	<u>Charge</u>

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years? ☐ No ☐ Yes. If yes, please describe: _____

CERTIFICATION AND RELEASE:

Additional testing for the presence of illegal drugs in your body may be required prior to employment.

By signing below, you are authorizing NOGAH Home Care to do a criminal and motor vehicle background check.

I certify that I have read and understand the applicant note on page one (1) of this form 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 NOGAH Home Care, and myself is terminable at-will, so that NOGAH Home Care remains 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

TODAY'S DATE