

1. Print out job application
 2. Fill out completely and return to
 Attentive Home Care by mail or fax.
 OR
 3. Email to:
 Alecia.Lombard@attentivehc.com

Attentive Home Care, Inc.
354 Front St., Suite 3
Marion, Ma 02738
 Ph: 508-748-1811 Fax: 508-748-1823

Date: _____ RN CNA HHA SHCA Homemaker

Name: _____
 Last First Middle

When can you start work: _____

Address: _____
 Street City State Zip Code

Email Address: _____

How did you learn about us? _____

Social Security# _____ / _____ / _____

Telephone #: _____ **Cell Phone#:** _____

Emergency Contact: *Name & Relationship:* _____ / _____

- **Emergency Phone #:** _____

Are you currently taking any medication that would interfere with your work ability? YES _____ NO _____

Are you over the age of 18? YES _____ NO _____

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to work in the United States? YES _____
 NO _____

Are you allergic to any animals? Please identify. _____

Would you be able to work in a home where they are present? YES _____ NO _____

IMPORTANT NOTICE TO APPLICANTS

This agency is a **part-time employer** and cannot guarantee any number of hours in any given week. The employee is responsible for his/her own transportation. The agency cannot guarantee work close to home or within walking distance or on a bus line, although the agency will consider transportation needs of the employee.

Signature _____

EMPLOYMENT / VOLUNTEER HISTORY

Please list jobs you have held. Also list any work performed on a **volunteer basis** that is relevant to this job application.

Employer	Dates From:	Employed To:	Work Performed
Complete Address			
Telephone Number			

Employer	<u>Dates</u> From:	<u>Employed</u> To:	Work Performed
Complete Address			
Telephone Number			

Pre-Employment Screening Notice to All Applicants

We reserve the right to require a urine sample for **Drug Screening** purposes. Drug screens may also be done randomly during employment.

This Agency shall also check all applicants against the **US Office of Inspector General's (OIG) List of Excluded Individuals/Entities** to screen out persons who are "Medicare Disqualified."

Personal/Professional References

<u>Name</u>	<u>Address</u>	<u>Phone</u>

EDUCATION & TRAINING

Name of School	<u>Location:</u>		Main Course of Study	Did you Graduate? What Year?	Diploma or Certificate Received
	City	State			

AVAILABILITY FOR WORK

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
Overnights: <u>From</u> PM <u>To</u> AM							

I understand that my availability information entered above will become a "*Condition of Employment*" if I am hired and may not be reduced for at least 90 days as it is critical to Attentive's staff planning and continuity of Client services.

Applicant Signature Date

I certify that the statements I have made in this application are true and hereby grant Attentive Home Care, Inc. permission to verify the accuracy and true completeness of the information and to investigate all references. I understand that any false or misleading statements made by me on this application will be sufficient cause for rejection of this application or immediate dismissal if such false or misleading information is discovered after my employment. If I am hired, I commit to abide by the rules and regulations, policies and procedures, of Attentive Home Care, Inc.

Applicant Signature **Date**



Attentive Home Care, Inc.
354 Front St., Suite 3
Marion, MA 02738
508-748-1811

Reference Authorization Waiver and Hold Harmless Agreement

I authorize Attentive Home Care, Inc. to obtain information regarding y previous employment, character, general reputation and personal/characteristics and release Attentive Home Care, Inc., individuals providing said personal and professional references, and my previous employers from all claims and liabilities due to the release of such information.

Affirmative Action Statement

Attentive Home Care, Inc is an equal opportunity employer. Federal and State Laws prohibit discrimination in employment practices based on race, ethnicity, color, religion, age handicap, disability, national origin, Veterans Status, sexual orientation or genetic information. No question on this application is asked for the purpose of limiting or excluding any applicant's consideration for employment.

Print Name

Applicant Signature

Date
