



Application for Employment
Better Care, Inc. (dba Home Helpers)
Mail to: P.O. Box 307 Western Springs, IL 60558



An Equal Opportunity Employer

We consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of non-job related medical conditions or disabilities or any other legally protected status.

- 1) Name: _____ Date: _____
- 2) Address: _____ City: _____ State: _____ Zip: _____
- 3) Home phone: () _____ Work Phone: () _____ Cell: () _____
- 3b) Social Security #: _____
- 4) Position for which you are applying: _____
 Lowest acceptable wage: \$ _____ per _____ Date you can start: _____
 Available to work: ___ Full-time ___ Part-time ___ Days ___ Evenings ___ Weekends ___ Overnight ___ Live-In
 Referred by: ___ Newspaper Ad ___ Web Site ___ Friend ___ Other, please list: _____
- 5) Are you either a U.S. citizen or legally eligible to hold employment in the United States? ___ Yes ___ No
- 6) Are you at least 18 years old? ___ Yes ___ No
- 7) Are you related to anyone employed by Home Helpers? ___ Yes ___ No
 If yes, name of the person and relationship _____
- 8) Have you ever worked for Home Helpers? ___ Yes ___ No If yes, give dates: _____
 Location: _____ Supervisor's name: _____
- 8a) E-mail Address (if any) _____

9) LIST HOURS AND DAYS AVAILABLE TO WORK

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
From (time)							
To (time)							

10) EDUCATION

Type of School	Name and Address of School	Diploma/ Degree	Major /course of study
High School	Name _____	___ Yes	
	Street: _____ City _____ State _____ Zip _____	___ No	
College	Name _____	___ Yes	
	Street: _____ City _____ State _____ Zip _____	___ No	
Technical, trade, grad school or other	Name _____	___ Yes	
	Street: _____ City _____ State _____ Zip _____	___ No	



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11) List any additional education, training, skills or machines operated: _____

Are you a CNA? ____ Yes Medical Assistant? ____ Yes

12) Do you have any disabilities that may limit your ability to perform the work for which you are applying. ____ Yes ____ No

If yes, please explain: _____

What can be done to accommodate your limitation? _____

13) Have you ever been convicted (found guilty) of attempting or committing any crime other than a minor traffic violation?

____ Yes ____ No. If yes, when? _____ For What? _____

*Note: A conviction record will not necessarily bar individuals from employment.
 You are not required to reveal records which have been judicially expunged, sealed, or eradicated.*

14) List all former and current employers. Give present or most recent employer first. Include any periods of unemployment, self-employment, military service, etc. Information provided is subject to verification.

May we contact your present employer? ____ Yes ____ No
 (We will have to contact your present employer before offer to hire will be made).

A resume may not be submitted as a substitute to filling out this section.

Company Name: _____ Position/Title: _____

Address: City: _____ State: _____ Zip: _____

Dates Employed From: (month/year): _____ To: (month/year) _____

Supervisor's Name: _____ Title: _____ Phone Number: _____

Starting Rate of Pay :\$ _____ per _____ Last rate of pay: \$ _____ per _____

Responsibilities: _____

Reason for Leaving: _____

If time elapsed between positions, please explain: _____

Company Name: _____ Position/Title: _____

Address: City: _____ State: _____ Zip: _____

Dates Employed From: (month/year): _____ To: (month/year) _____

Supervisor's Name: _____ Title: _____ Phone Number: _____

Starting Rate of Pay :\$ _____ per _____ Last rate of pay: \$ _____ per _____

Responsibilities: _____

Reason for Leaving: _____

Please use the back of this form for additional Employers.

Also, please list at least 4 Personal References with relationship and phone numbers.



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Immigration Act

I understand that, if hired, I will be required to offer examination documents proving that I am a United States citizen or an alien currently authorized to work in the United States. I also understand that my continued employment is contingent upon my proving the necessary documentation within the prescribed time frames.

Acknowledgement: _____ Date: _____
 (Applicant's Signature)

READ CAREFULLY BEFORE SIGNING

I hereby certify, to the best of my knowledge that the answers give are true and complete. I understand that the company may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize your company to do the same. This inquiry may include information as to my character, general reputation, and personal characteristics, and I consent to the conduct of this inquiry and to the consideration of any statements of references or former employers that are given in response to the inquiry. I authorize all individuals, schools, and employers named therein, except as specifically limited on this application, to provide information requested about me, and I release them from liability for damages in providing this information. I understand and acknowledge that your company can terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information in this application or on any other document or form at any time during my employment.

I give authorization to have my personal credit history, criminal history and driving record investigated by a third party.

I agree to conform to the rules and regulations of the company and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either the company or myself.

If terminated, I authorize your company to use any information in its possession concerning me for reference purposes and/or if legally required to furnish any information, including disclosure of information to any third party, future employer or prospective employer, without receiving any prior notice, and I release your company from any liability in connection with such use or disclosure.

I understand that no supervisor, manager, or other representative of the company has any authority to enter into any express or implied contract for employment for any specific period of time. Any agreement contrary to the above must be in writing and expressly state that is a contract and be signed by the authorized representative of the company.

I agree to a physical examination, if requested, and understand that failure to meet any medical and/or health requirements for the position will prevent my employment with the company. I also understand that employment, for certain positions, is conditional upon successful completion of a substance abuse screening test as part of the company's pre-employment policy. I also understand and acknowledge that, if hired, throughout my employment I may be required to submit to medical/physical examinations at the employer's discretion and expense.

Acknowledgement: _____ Date: _____
 (Applicant's Signature)

When completed, mail this application to: Home Helpers P.O. Box 307 Western Springs, IL 60558