



**Application for Employment  
Better Care, Inc. (d/b/a Home Helpers)**

**Employment Application**  
*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. Those applicants requiring accommodation to the application and/or interview process should contact us at 630-323-7231.

**Applicant Information**

Name: \_\_\_\_\_ Date \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Name and Address of Next of Kin: \_\_\_\_\_

Position for which you are applying: \_\_\_\_\_ Are you a CNA: \_\_\_\_\_ HHA: \_\_\_\_\_ LPN: \_\_\_\_\_ MA: \_\_\_\_\_  
 Desired Salary: \$ \_\_\_\_\_ per \_\_\_\_\_ Date you can start: \_\_\_\_\_  
 Are you available to work: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Days \_\_\_ Evenings \_\_\_ Weekends \_\_\_ Live-in (3-4 Days/week)  
 Referred by: \_\_\_ Newspaper Ad \_\_\_ Web \_\_\_ Friends \_\_\_ Other, please list: \_\_\_\_\_  
 Are you legally authorized to hold employment in the United States? \_\_\_ Yes \_\_\_ No  
 Are you at least 18 years old? \_\_\_ Yes \_\_\_ No If no, birth date: \_\_\_\_\_  
 Are you related to anyone employed by Home Helpers? \_\_\_ Yes \_\_\_ No  
 If yes, name of the person, relationship and location employed: \_\_\_\_\_  
 Have you ever worked for Home Helpers? \_\_\_ Yes \_\_\_ No If yes, give dates: \_\_\_\_\_  
 Location: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

**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)							

**Education**

Type of School	Name and Address of School	Diploma/ Degree	Major or 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	

List any additional or special education, training, skills or machines operated: \_\_\_\_\_  
 \_\_\_\_\_



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Are you able to meet the regular attendance requirements of the position? \_\_\_Yes \_\_\_No

Will you work overtime if required? \_\_\_Yes \_\_\_No

Have you ever been convicted (or pleaded "no contest") 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.**

**Employment**

List all former and current employers in reverse order. Give present or most recent employer first. Include any gaps in employment (other than those due to injury, illness or disability), 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 an offer to hire will be made).

**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(unless gap is due to injury, illness or disability): \_\_\_\_\_

**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:** \_\_\_\_\_

**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**



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**References**

Please list two personal or professional character references.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Immigration Act**

I understand that, if hired, I will be required to present documentary evidence proving that I am currently authorized to work in the United States. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed time frames.

Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant's Signature)

**Authorization and Understanding**

I certify that the information given herein is true and complete without qualification. I understand that Home Helpers may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews, and I authorize Home Helpers 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 understand that Home Helpers may seek to verify any or all information listed above or otherwise provided by me during the application and hiring process. I further authorize Home Helpers to investigate all references, secure additional information about me, and prepare consumer reports. By signing below, I hereby expressly authorize Home Helpers to verify that information, without further notice to or consent by me. Further, I authorize prior employers and others from whom such verification is sought to release relevant information about me, and release them from liability in providing this information. I hereby release from liability Home Helpers and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information. I understand and acknowledge that Home Helpers 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 agree to conform to the rules and regulations of Home Helpers 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 Home Helpers or myself.

I understand that no supervisor, manager, or other representative of Home Helpers 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 owners of Home Helpers.

I understand that upon receipt of a conditional offer of employment, I may be required to submit to a physical examination, and understand that the failure to meet any legitimate medical and/or health requirements for the position will result in a withdrawal of the conditional offer by Home Helpers. I also understand that employment, for certain positions, is conditional upon successful completion of a substance abuse screening test as part of Home Helpers pre-employment policy.

Acknowledgement: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant's Signature)

**After completion, e-mail to: [manager@maryandmikecare.com](mailto:manager@maryandmikecare.com) or mail to:  
Home Helpers 123 E. Ogden Avenue Ste. 102A Hinsdale, IL 60521**