

## Echelon Services Non-Medical Home Care Application for Employment

**It is this facility's policy to provide equal employment opportunities without regard to race, color, religion, sex, national origin, age or disability.**

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

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

City/State/Zip: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Are You at Least 18 Years Old?  Yes  No

Position Applying For:  Full Time       Part Time Per Visit      Shift:  Day       Night  
 Part Time       Pool       Evening       W/E

Date Available \_\_\_\_\_ If you are not a US Citizen, have you the legal right to remain permanently in the US?  Yes  No

Do you have adequate means of transportation to get to work on time each day and when called in on short notice during normal working hours?  Yes  No

Have you been convicted of rape, exploitation, battery, neglect, or theft?  Yes  No If Yes, please give date, place and nature of each such conviction.

\_\_\_\_\_

Have you been convicted of a felony within the past 10 years?  Yes  No If yes, give date, place and nature of each such conviction.

\_\_\_\_\_

### Educational History

Type of School	Name & Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type of license, number and state

\_\_\_\_\_

List any memberships in professional organizations, honors or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin or disability.

\_\_\_\_\_

List languages spoken other than English:

\_\_\_\_\_

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc:

\_\_\_\_\_

In care of an emergency notify:

\_\_\_\_\_

NAME: \_\_\_\_\_

### Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name	Complete Address incl City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business	Salary	Reason For Leaving
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments			
<hr/> <hr/> <hr/>			
Company Name	Complete Address incl City/State/Zip	Phone Number	Supervisor's Name
Date Started	Type of Business	Salary	Reason For Leaving
Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
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Date Left	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Per Visit		OK to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your job title, responsibilities and accomplishments			
<hr/> <hr/> <hr/>			

## Availability Sheet

Please complete the following schedule and provide times that you can work for Echelon Services. We provide services 24 hours a day, 7 days a week. How you complete this form is very important. The work hours that are provided for you by Echelon Services are driven by two primary business issues; the needs of the clients and your availability to work.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
6:00AM							
7:00AM							
8:00AM							
9:00AM							
10:00AM							
11:00AM							
12:00PM							
1:00PM							
2:00PM							
3:00PM							
4:00PM							
5:00PM							
6:00PM							
7:00PM							
8:00PM							
9:00PM							
10:00PM							
11:00PM							
Overnight							

**Total Requested  
Hours per Week**

Ideal \_\_\_\_\_

Minimum \_\_\_\_\_

Maximum \_\_\_\_\_

I understand that the more I am available to work the greater likelihood that my hours will meet my requests.

\_\_\_\_\_  
Initials

This sheet designates the times that I am committing myself to be available to work for Echelon Services.. By signing this sheet, **I acknowledge that the decision to hire me will be based in part on the above availability.** I agree any changes to my availability must be approved and signed by my supervisor. I understand that there is no guarantee of hours if I am offered a position with Echelon Services. I understand that it can take time to reach and sustain my desired number of hours per week and that multiple factors affect this goal including my availability, client requests, my skills, and my ability to please the clients to whom I am assigned. Nothing in this statement is to be construed as a direct, implied or inferred contract of employment.

NAME: \_\_\_\_\_

**PERSONAL REFERENCES:**

**Please see the attached Reference Release forms**

List names and phone number of 3 professional references that are not related to you. If not applicable, list school or personal references that are not related to you whom have knowledge of your work ethic, experience and abilities. Please use one Reference Release form for each reference.

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the facility or any affiliate. Should a position be offered and later is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the facility of its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate discharge without recourse.
- I understand that an investigative report may be made by a consumer reporting agency to include information as to my character, general reputation, personal characteristics, and mode of living, whichever may be applicable. If such an investigative report is made, I understand that I will receive notice that such report has been requested, and that I will have the right to make a written request for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.
- I understand and agree that if I am offered employment by the facility, my employment will be for no definite term and that either I, or the facility will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the facility.
- I understand, if I am an unlicensed person who has direct patient contact, that the agency will perform a criminal history check per State Regulations.

Applicant

Signature: \_\_\_\_\_

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

FOR OFFICE USE ONLY	<input type="checkbox"/> References Checked	If Hired: Position: Salary:	Start Date: FT/PT/Per Visit
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ID    SS Card    Refs    TB    Physical (HHA)    Limited    Auto Ins    CPR    First Aide

**Professional Reference Check Form**

**APPLICANT- FILL OUT TOP PORTION ONLY**

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

Application Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

I give permission Echelon Services staff to contact the above-named reference and release all parties from any liability from providing any reference.

X \_\_\_\_\_

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

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***THIS PORTION FOR HR ONLY***

Date of contact: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Contacted via: Phone/Mail/Email (circle one)

What capacity do you know this person? \_\_\_\_\_

Dates of employment? \_\_\_\_\_ to \_\_\_\_\_

Is this person eligible for rehire? YES NO

Is there anything else you would like to say about this person?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person taking reference: \_\_\_\_\_

**Professional Reference Check Form**

**APPLICANT- FILL OUT TOP PORTION ONLY**

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

Application Date: \_\_\_\_\_

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

Title: \_\_\_\_\_

Contact Information: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

I give permission for Echelon Services staff to contact the above-named reference and release all parties from any liability from providing any reference.

X \_\_\_\_\_

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

---

***THIS PORTION FOR HR ONLY***

Date of contact: \_\_\_\_\_

Name of contact: \_\_\_\_\_

Contacted via: Phone/Mail/Email (circle one)

What capacity do you know this person? \_\_\_\_\_

Dates of employment? \_\_\_\_\_ to \_\_\_\_\_

Is this person eligible for rehire? YES NO

Is there anything else you would like to say about this person?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person taking reference: \_\_\_\_\_

**Professional Reference Check Form**

**APPLICANT- FILL OUT TOP PORTION ONLY**

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

Application Date: \_\_\_\_\_

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I give permission for Echelon Services staff to contact the above-named reference and release all parties from any liability from providing any reference.

X \_\_\_\_\_

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

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Dates of employment? \_\_\_\_\_ to \_\_\_\_\_

Is this person eligible for rehire? YES NO

Is there anything else you would like to say about this person?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person taking reference: \_\_\_\_\_

# Do you believe you're coming with a client?

If so, please put the client's name here:

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Who did you talk to in the office about this client?

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From this moment on, all employment questions, inquires, or concerns need to go through **HUMAN RESOURCES**. Thank you!