



Application for Employment

Select the type of position for which you are applying	<input type="checkbox"/> CNA	<input type="checkbox"/> Homemaker
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PERSONAL INFORMATION

First Name		
Middle Name		
Last Name		
Street		Apartment Number
City	State	Zip Code
Email Address		
Home Telephone		Work Telephone
Cell Phone		Preferred Contact Time

EDUCATION / VOLUNTEER EXPERIENCE

	Name and Location of Institution	Major / Field of Specialization	Completed
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade / Business School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No
College			<input type="checkbox"/> Yes <input type="checkbox"/> No

PROFESSIONAL LICENSES & CERTIFICATIONS (including BLS / CPR)

License Type	License Number	Issuing State	Issuing Country	Expiration

Are you at least 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>Have you ever been convicted (or guilty plea or nolo contendere) of a crime? (Do not identify convictions for which the criminal record has been expunged, sealed or eradicated by the court.) If Yes, please explain each conviction (or guilty or nolo contendere plea) and sentence fully.</p> <p><i>NOTE: A conviction does not automatically mean that you will be disqualified from consideration. What you were convicted of, and how long ago you were convicted, and the position for which you are applying for are important factors. Please give all facts so that an informed decision can be made.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rhode Island law requires employees of home health agencies be subject to a criminal background check. Would you be opposed to such a check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked under a different name? If Yes, please list _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you provide proof of auto insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have transportation available for business travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential functions of the position for which you are applying (with or without accommodations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the legal right to reside and work in the US for any company? Proof of citizenship or resident alien status will be required after employment (does not apply to those applying for a volunteer position).	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever worked for Health Care Connections? If Yes, why did you leave?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Acknowledgement and Authorization

Signature of Applicant _____ Date _____