PROSPER'S
HOME HEALTH AGENCY

Application for Employment

Full Name: _____

Date of Birth: _____

Phone Number: _____

Email Address: _____

Address:

Street: _____

City: _____

State: _____

ZIP Code: _____

Preferred Start Date:

_____

Full-time or Part-time?

[ ] Full-time
[ ] Part-time
[ ] Flexible hours

Available Days/Hours:

[ ] Monday Hours: _____

[ ] Tuesday Hours: _____

[ ] Wednesday Hours: _____

[ ] Thursday Hours: _____

[ ] Friday Hours: _____

[ ] Saturday Hours: _____

[ ] Sunday Hours: _____

Employment History

Current/Most Recent Employer

Employer Name: _____

Job Title: _____

Dates of Employment: From _____ to _____

Duties/Responsibilities:

_____

_____

_____

_____

_____

_____

Previous Employer

Employer Name: _____

Job Title: _____

Dates of Employment: From _____ to _____

Duties/Responsibilities:

Education

High School:

Name of School: _____

Degree/Certificate: _____

Graduation Year: _____

College/University (if applicable):

Name of School: _____

Degree/Certificate: _____

Graduation Year: _____

Certifications and Skills

Certified Nursing Assistant (CNA): [ ] Yes [ ] No

CPR Certification: [ ] Yes [ ] No

First Aid Certification: [ ] Yes [ ] No

Other Relevant Certifications:

Skills (list any relevant skills for companion care):

References

Reference 1

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Reference 2

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Personal Statement

Please explain why you are interested in working as a Companion Care provider and what makes you a good fit for the role:

_____

_____

_____

_____

Background Check and Consent

As part of the hiring process, I understand that a background check, including criminal history and references, may be conducted.

I consent to the background check. [ ]

Applicant Signature

_____

Date

_____