

Helpmates Incorporated

Application for Employment

(Note) Our consumers receive services 24 hours a day, 7 days a week

Name _____ Phone # _____

Address _____ Date _____

Zip Code _____ Driver's Lic. # (if applicable) _____

Any former names used (if applicable) _____

Position You Are Applying For:	
<input type="checkbox"/>	Personal Care Aide
<input type="checkbox"/>	LPN
<input type="checkbox"/>	CNA
<input type="checkbox"/>	RN
<input type="checkbox"/>	Administrative
<input type="checkbox"/>	Other

What are the maximum hours per week you will work? _____

The least? _____

Are you certified in CPR? _____ First Aide? _____

Do you have transportation available? _____

How many miles are you willing to travel on a daily basis? _____

Any employee using an automobile during their course of employment is required to provide proof of current automobile insurance. If applicable, do you have current auto insurance? Yes _____ No _____

Have you ever been employed by Helpmates Inc.? _____ If so, where? _____

How did you hear about positions available at Helpmates? _____

Have you ever previously applied to Helpmates? Yes _____ No _____ (if yes, when? _____)

Are you legally authorized to work in the United States? Yes _____ No _____ (if hired, verification will be required consistent with federal law).

If you are under age 18, please state your age. _____ If you are over 18, please skip this question.

<u>Education</u>	Name of School	# of Yrs. Attended	Degree, Diploma or Certificate? Yes/No
High School			
College			
Graduate School			
Other			

Employment History: (Most recent employer first)

Employer _____ Address _____

Supervisor's Name _____ Phone _____

Position Held _____ Describe Duties _____

Dates Employed _____ to _____ Reason for Leaving _____

Employer _____ Address _____

Supervisor's Name _____ Phone _____

Position Held _____ Describe Duties _____

Dates Employed _____ to _____ Reason for Leaving _____

Employer _____ Address _____

Supervisor's Name _____ Phone _____

Position Held _____ Describe Duties _____

Dates Employed _____ to _____ Reason for Leaving _____

Have you ever been convicted of a felony, multiple misdemeanors, or child abuse? Note: This question does not apply to convictions that have been expunged, sealed, pardoned, or otherwise exonerated or eradicated. A conviction record will not necessarily be a bar to employment. A conviction which is substantially related to the functions or qualifications of the position(s) for which you are applying may be taken into consideration. Yes___ No___ If "yes," please describe fully the criminal conviction(s), listing the nature of the offense(s) and your rehabilitation since the conviction(s). If the position for which you are applying falls under specific state law requirements for conducting background checks, then those requirements will also be followed.

Professional References (Not related to you and that you have known for at least one year)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Applicant's Statement

I understand that this application is not a contract, offer or promise of employment. By filling out this application, I am genuinely interested in working for Helpmates, Inc., and I understand that an offer of employment may be subjected to receipt of satisfactory reports and the accuracy of all pre-employment information that I have supplied.

I understand that any employment relationship with this employer is "at will," which means that the employee may resign at any time and Helpmates, Inc. may discharge the employee at any time, with or without cause or advance notice. I understand that this at-will employment relationship may not be changed by any written document or by any behavior. I understand that, if employed, I will be subject to a four (4) month probationary basis. I understand that successful completion of the probationary period does not alter my at will employment relationship.

If employed, I agree to abide by the workplace policies and rules of Helpmates, Inc., consistent with applicable federal, state, and local law. I understand that Helpmates, Inc. has complete discretion to modify its policies, rules, and practices at any time, to the extent allowed by federal or state law, except that it will not modify its policy of employment at-will. By my continued employment with Helpmates, Inc., I consent to any changes.

If employed, I agree to notify Helpmates, Inc. of any changes in my address and/or telephone number.

I certify that the above information is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this application may result in denial of employment, or, if employed, my immediate termination.

I hereby authorize Helpmates, Inc. or its agents to verify all statements contained in this application and/or resume I may submit, to the extent permitted by federal, state, or local law. To the extent permitted by federal, state, or local law, I release all parties from any liability arising out of this provision and the use of such information.

I understand that dependent on the job position and in accordance with applicable state requirements, I will be required to pass a communicable disease test after a conditional offer of employment is made.

I understand that Helpmates, Inc. has a drug and alcohol-free workplace, including a drug and alcohol testing program consistent with applicable federal, state and local law. I acknowledge that if a conditional offer of employment is made to me, I may be asked to submit to a pre-employment (post offer) drug and/or alcohol test. I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under Helpmates, Inc.'s conditions requiring a drug and alcohol-free workplace. I also understand that, pursuant to federal, state, or local law, all employees may be subject to drug and/or alcohol testing as a condition of continuing employment, and I agree to undergo such testing consistent with the Helpmates, Inc. policy and applicable federal, state, or local law.

By signing below I consent to these procedures and acknowledge that I have read, understand and agree to the above.

Signature _____ Date _____

Helpmates, Inc. is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, sex, age, national origin, ancestry, disability, military status, or any other protected characteristic under federal, state or local law.