

Are you currently on "lay off" status and subject to recall? Yes No

Can you travel if the job requires it? Yes No

Have you ever been convicted of a crime? Yes No

If Yes, please explain _____

EDUCATION

Do you have a High School Diploma Yes No

High School Attended _____

If No, do you have a General Education Diploma (GED) Yes No

School Attended _____

Do you have a degree from a College or University Yes No

College or University attended _____

If no degree, but did attend college, what courses did you study _____

Indicate any languages, including sign language, you can speak, read and/or write:

Speak _____

Read _____

Write _____

Describe any specialized training, apprenticeship, skills, volunteer and extra-curricular activities:

List professional, trade, business or civic activities and/or offices held:

Former Employer _____ Supervisor _____
Address _____ Telephone Number _____
Job Title _____ Hire Date _____ Term Date _____
Starting Salary \$ _____ per _____ Ending Salary _____ per _____
List major job duties in order of their importance _____

Reason for leaving _____

Former Employer _____ Supervisor _____
Address _____ Telephone Number _____
Job Title _____ Hire Date _____ Term Date _____
Starting Salary \$ _____ per _____ Ending Salary _____ per _____
List major job duties in order of their importance _____

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Job Title _____ Hire Date _____ Term Date _____
Starting Salary \$ _____ per _____ Ending Salary _____ per _____
List major job duties in order of their importance _____

Reason for leaving _____

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application

NOTE TO APPLICANTS

DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached. Yes No

REFERENCES

1. Name _____	Telephone # _____
Address _____	Relationship _____
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2. Name _____	Telephone # _____
Address _____	Relationship _____
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3. Name _____	Telephone # _____
Address _____	Relationship _____
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4. Name _____	Telephone # _____
Address _____	Relationship _____
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In-Home Aide/Certified Nursing Assistant
Consumer Assignment Information

Employee Name _____

Please indicate what days and hours you are available to work:

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Sunday: _____ Holidays: _____

Please circle YES or NO to the following questions and provide an explanation, if needed.

1. Do you have reliable transportation to and from the consumer's home?
YES NO Explain: _____
2. Are you willing to accept cooking instructions from the consumer?
YES NO Explain: _____
3. Do you have experience cooking meals?
YES NO Explain: _____
4. Do you have experience with housekeeping and laundry?
YES NO Explain: _____
5. Are you willing to accept cleaning instructions from the consumer?
YES NO Explain: _____
6. Are you willing to assist the consumer with bathing, toileting, and bowel or Bladder care?
YES NO Explain: _____
7. This job may require lifting up to 60 lbs., bending, etc. Are you able to do this without accommodations?
YES NO Explain: _____
8. Is there any aspect of personal care you are unwilling or uncomfortable to perform?
YES NO Explain: _____
9. Is there any reason why you would not be willing to work in a home with pets?
YES NO Explain: _____
10. Smoking is **not** permitted inside of the consumer's residence under any circumstances. Is this a problem for you?
YES NO Explain: _____
11. The consumer may request that no smoking occur outside of the residence. Is this a problem for you?
YES NO Explain: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment including reference checks with former employers as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employers may discharge the employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

I have received a copy of the drug policy referenced below.

Signature of Applicant

Date

Pathways For the Future is a drug free workplace. A copy of the company Alcohol and Drug Policy is attached for your review and to keep for your records. Please read the policy carefully before submitting this application for employment with our organization.

If our organization extends an offer of employment to you, you will be subject to a criminal background investigation. Pathways may require a drug screening through sources we deem necessary to determine your qualifications for employment with our organization.

PLEASE KEEP THE ATTACHED DRUG POLICY FOR YOUR RECORDS