

AFFINITY HEALTHCARE SOLUTIONS
APPLICATION FOR EMPLOYMENT
PHONE: (215) 758-2748
EMAIL: HR@affinityhome.net

Affinity Healthcare Solutions applies to all terms and conditions of employment, including, but not limited to, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training. Affinity Healthcare Solutions does not discriminate by reason of race, color, religion, sex/gender, gender identity, sexual orientation, marital status, pregnancy, citizenship status, national origin, age, disability, veteran status or any other characteristic protected by law. Applications are valid for only 1 year or must be resubmitted for consideration.

Name		Date	
Street Address		Email	
City		State	Zip Code
Home Phone	Cell Phone / Other Phone	SSN	Date of Birth

What is your cell phone carrier (i.e sprint, tmobile, boost, att, Verizon, etc)? _____

Have you resided in the state of Pennsylvania for more than 2 years (Yes or No)? _____

Emergency Contact

Name	Phone
Address	Relationship

I am applying for a position as a:

Have you ever been convicted of a felony?

yes no

If yes, please provide details

Transportation: All caregiver positions require the caregiver to transport a client.

Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no		Make and model and year of car	
License plate #	Driver license #	Auto insurance policy #	
Insurance company	Insurance agent name	Insurance agent phone	

Availability

Number of hours you would like to work	Times you are available to work	Any times not available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
++Comments			

Education		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates / Licenses (Please list your license number and state of licensure and provide copies)		
Special skills or courses		

Experience
Discuss any training or experience working with the elderly or disabled

Skills					
Please indicate whether you have assisted with or performed the following tasks for the elderly or disabled:					
Companionship	<input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no
Bathing/dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean kitchen	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no
Transfer assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Bed linen changes	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no

Employment History		
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Employment History Continued		
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Reference name (relationship)	Reference phone	

REFERENCES			
Name	Relationship	Address	Phone

CERTIFICATION AND RELEASE: Please read the following completely and carefully, then sign and date. I certify that I have read and understand this application. Under penalty of perjury, I hereby certify that all statements made herein are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment.

I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my employment history and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that the use of illegal drugs is prohibited during employment. I understand I must successfully complete a drug screen before I will be considered for employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I hereby affirm that I am legally able to work in the United States and the state of Pennsylvania.

I agree that if employed, I will abide by all policies and procedures established by the company. I also understand that submission of this application does not guarantee my employment. Further, I understand that if I am hired, nothing herein modifies in any way my "at-will" employment relationship with the company.

I will be responsible to provide a drug screen, two-step process medical exam (in accordance with CDC guidelines) that includes PPD test and/or Chest X-Ray, criminal history and motor vehicle check.

Signature:

Date:



Waiver

I _____, hereby swear and affirm that a criminal
(Print Your Full Name Here)
history clearance has been requested of the Criminal Justice Agency, (PA State Police
for in state residents, or the FBI for out-of state residents, of less than 2 years
Pennsylvania residency), on _____ and that I have never been
(Todays Date)
convicted of a crime that would prohibit my employment at Affinity HealthCare Solutions. I
also understand that my employment is provisional and continued employment is based
upon information to be received from the Criminal Justice Agency. If the clearance
request indicates convictions for crimes that prohibit my employment under the Act, I
understand that my employment must be terminated in compliance with State Law.

Signature, Provisional Employee

Date

Signature, Consumer

Date

Signature, Supervisor/Witness

Date