Visiting Caregivers LLC

1214 Kukila Street Honolulu, HI 96818

Application for Employment

Name			Date	
Last	First	Middle		
Address Street		City	State/Province	ZIP/Postal Code
Telephone # ()	Cell Phone # <u>(</u>)		
E-Mail address		Referred to us	by	
Position(s) applied for Car	egiver Nursing Othe	r: C	ate available	
Type of employment desired		ase Specify Days and	Hours of Availabilit	у
If currently employed, may v	ve contact your present er	mployer? 🗌 Yes 🔲	No	
Rate of Pay Expected \$	per hour			
Is there a specific reason you If Yes, please briefly outline t		nent at this company?	□Yes □No	
Are you legally eligible for en	nployment in this country?	P □Yes □No		
Are you available to work mo	ore hours if required?	∕es □No		
Do you have any friends or fa	amily employed at this cor	mpany? 🗌Yes 🗌N	0	
Have you ever been convicte If yes, please explain	ed of a crime? Yes	NO	ENT.	
If considered for hiring, will y	ou agree to provide a crim	ninal background check	□Yes □N</td <td>0</td>	0
If considered for hiring, will y	ou agree to provide driver	s abstract?	□Yes □N	o 🗌 N.A.
Are there any unfavorable ju	dgement or record agains	t you? 🗌 Yes 🔲 N	0	

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

			DEGREE(s)/DIPLOMA(s)
SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	EARNED
		□Yes □No	
		Yes No	
		Yes □No	
What Nursing or relevant designations, Type Da	licenses or registrations if ate of Most Recent Registr		sess? /alid in Hawaii? □Yes □No
Do you have the following: CPR	No Yes Last Certi		Yes No
First Aid	No Yes Last Cert		_
TB Test	No Yes Last Cert	ified	_
PLEASE ANSWER THE FOLLOWING	QUESTIONS		
What do you think is the most difficult p	art of nursing?		
What was the best job you ever had an	d why?		
What was your least favourite job and v	vhat did you dislike about i	it?	
Think of the BEST supervisor you have	ever had, what characteri	istics made that	person a good manager?
Think of the WORST supervisor you ha	ve ever had, what charact	eristics made that	at person a poor manager?

How will you be able to contribute to providing clients with high quality care?

Imagine you have been on your feet and working hard all day. A customer that you have been dealing with is rude and impatient, what do you do?

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE	DATES EM	PLOYED	SUMMARIZE THE TYPE OF WORK
	()	FROM	TO	PERFORMED AND JOB RESPONSIBILITIES
ADDRESS				
JOB TITLE		HOUR		
JOB IIILE		RATE/SA		
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REASON FOR LEAVING		HOUR	N N	
		RATE/SA	ALARY	
		FINA	4L	
MAY WE CONTACT FOR REFERENCE?		\$ p	ber	
□Yes □No □Later				
EMPLOYER	TELEPHONE	DATES EM		SUMMARIZE THE TYPE OF WORK
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Phone: (808) 436-8884 • Toll Free: (877) 515-0683 • E-mail: info@visitingcaregiversllc.com Website: visitingcaregiversllc.com

REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

		YEARS	PHONE
NAME	RELATIONSHIP	ACQUAINTED	NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in United States, proof of certifications or educational qualifications, and a drivers abstract (if applicable).

Furthermore, I understand and agree that if employed, I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same rights to terminate my employment at any time, with or without prior notice, <u>except as may be required by law</u>. This application does not in any way constitute an agreement or contract for employment.

Applicant's Signature		Date	_
For office use only:			
T OF OFFICE USE OFFICE.			
Date applicatio	n received:		
Date applicant	contacted:		
Notes:			
			_
			_
A 1 2 3 4 5 6 7 8 9 10	C 1 2 3 4 5 6 7 8 9 10	F123456789	10

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