



# EMPLOYMENT APPLICATION

## Sovereign Royal Care

**INSTRUCTIONS:** If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- Please read "Applicant Note" below.
- Complete all pages of this application.
- Print or type clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, please feel free to add pages.
- Application will be valid for 60 days.

**APPLICANT NOTE:** This application form is intended for use in evaluating your qualifications for employment with Sovereign Royal Care. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior to employment.

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street City State Zip Code

Previous Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Emergency Contact(s): \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Name Phone

Valid Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Make & Model of Vehicle: \_\_\_\_\_ Year of vehicle: \_\_\_\_\_

Auto In Co: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Have you ever been employed here before?  Yes  No If yes, when? \_\_\_\_\_

How did you hear about Sovereign Royal Care? \_\_\_\_\_

Have you been given a copy of the job description to review for the position for which you have applied?  Yes  No

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?  Yes  No

Why are you interested in employment with us? \_\_\_\_\_

**AVAILABILITY**

Due to the nature of the business, no guarantee can be made as to the schedule or the number of hours worked.

What date are you available to begin work? \_\_\_\_\_

Please complete all areas of availability:

- Mornings     Afternoon     Evenings     Overnights     Weekdays     Weekends

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

|       |       | <b>Monday</b> | <b>Tuesday</b> | <b>Wednesday</b> | <b>Thursday</b> | <b>Friday</b> | <b>Saturday</b> | <b>Sunday</b> |
|-------|-------|---------------|----------------|------------------|-----------------|---------------|-----------------|---------------|
| Shift | From: |               |                |                  |                 |               |                 |               |
|       | To:   |               |                |                  |                 |               |                 |               |

**PREFERENCES**

Please indicate which counties in the territory in which you are willing to work:

- Ashland County     Coshocton County     Crawford County     Knox County  
 Licking County     Morrow County     Richland County

Please indicate the types of services which you are willing to provide:

- Companionship     Housekeeping (dust/vacuum)     Errands/Shopping/Transportation\*  
 Meal Preparation     Laundry/Ironing     Personal Care  
 Activities (games/crafts)     Medication Reminders     Dementia/Alzheimer's Care

*\*In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted, and proof of insurance will be required.*

Are you willing to provide service to a client with a pet?  Yes  No If yes, which ones:  Cats  Dogs

Are you willing to provide service to a client that smokes?  Yes  No

**JOB RELATED SKILLS**

Describe any training or life skills you have that apply to caring for a senior: \_\_\_\_\_

Describe any work history you have that would apply to caring for a senior: \_\_\_\_\_



Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Job Title Supervisor's Name

Duties \_\_\_\_\_

\$ \_\_\_\_\_ per \_\_\_\_\_  
 Salary (Hour, Week, Month) Reason for Leaving

**SECURITY**

\*\*Please be sure to complete the attached Authorization to do a criminal and motor vehicle background check.

As a condition of employment all employees must be "Bondable"& "Insurable". Are you at least 19 years of age?  Yes  
 No

List states *and* counties of residence for the past seven years: \_\_\_\_\_

Have you had any moving traffic violations?  Yes  No If yes, please describe: \_\_\_\_\_

Have you been charged/convicted of a felony and/or misdemeanor/or served time  Yes  No If yes, please describe: \_\_\_\_\_

| <u>Incident</u> | <u>City/State</u> | <u>Charge</u> |
|-----------------|-------------------|---------------|
|-----------------|-------------------|---------------|

1) \_\_\_\_\_

2) \_\_\_\_\_

Have you ever been a charged perpetrator or appeared on any child abuse registry in the last 5 years?  Yes  No

**REFERENCES** (Do not include relatives)

Please complete all six references. Your application will not be considered unless six references are provided. Since we will contact these references, please notify them in advance. If we are unable to reach all 6 references, you will be asked to provide additional references.

| Full Name | Phone Number  | Best Time of Day to Call                                | Relationship | Number of Years Known |
|-----------|---------------|---|--------------|-----------------------|
| 1)        | H (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |              |                       |
|           | W (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |              |                       |
| 2)        | H (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |              |                       |
|           | W (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |              |                       |
| 3)        | H (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |              |                       |
|           | W (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |              |                       |

|    |               |   |  |  |
|----|---------------|---|--|--|
| 4) | H (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |  |  |
|    | W (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |  |  |
| 5) | H (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |  |  |
|    | W (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |  |  |
| 6) | H (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |  |  |
|    | W (____)_____ | <input type="checkbox"/> AM <input type="checkbox"/> PM |  |  |

State Tested Nurse Aides (STNA) in Ohio: What is your STNA number? \_\_\_\_\_

What is your Alien Registration Number/USCIS Number? (If applicable) \_\_\_\_\_

**CERTIFICATIONS/QUALIFICATIONS**

Select all that apply:

- First Aid Certification     CPR Certification     HHA Certification     Client Rights & Safety Training
- Assisting with ADLs & IADLs Training     Lifting and Moving Patients Training
- Elder Abuse Training (NCEA)     HIPAA In-Service

This job may require you to transfer up to 100 pounds of dead weight from/to a bed, commode, couch, wheelchair, etc.

- Are you able to perform this task?                     Yes  No
- Do you know how to use a Hoyer Lift?                 Yes  No
- Do you know how to use Gait Belt?                    Yes  No
- Do you have a basic cell phone?                      Yes  No

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the applicant note on page one (1) of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts 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 of this 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 background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that this application is not a contract of employment. My employment is contingent upon confirmation of credentials and successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, the employment relationship between *Sovereign Royal Care*, and myself is terminable at-will, so that both the company and I remain free to choose to end out work relationship at any time for any or no reason. Any changes in this employment relationship must be made in writing. My signature below acknowledges that I have read, understand, and agree to the above disclosure. I also understand that due to the nature of the business, no amount of work can be guaranteed.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**