

New Life Home Care WA

3407 Meadow Ave N, 98056, Renton WA, US
Tel: (425) 545-9844 - Email: info@Newlifehomecare.com

Employment Application Form

Personal Information

Full Name _____ DOB _____ SS # _____
Last First MI

Address _____
Street City State Zip

Home Phone Number: _____ Cell Phone Number: _____

Birth State/Country: _____ Email: _____

Emergency Contact

Phone Number _____ Name of Person _____

Email _____

Employment Desired

Position(s) applying for: 1. _____ 2. _____

Date you can begin: _____ Desired Salary: _____

Will you accept employment of: Full Time Part Time On Call Live-In

Education/Training

High School _____ City/State _____ Graduate? Yes No

College _____ City/State _____ Graduate? Yes No

Major _____

Other School: _____ Graduate? Yes No

Professional Licenses and/or Certifications

Type	Issued by	Certificate Number	Issue Date

Professional organization membership, volunteer or community service or other qualifications related to the position for which you are applying:

New Life Home Care WA

3407 Meadow Ave N, 98056, Renton WA, US
Tel: (425) 545-9844 - Email: info@Newlifehomecare.com

Employment History – begin with most recent

1. Company Name _____ Phone: _____

Address _____

Street

City

State

Zip

Supervisor's Name & Title _____

Dates of Employment:

Your Position/Title: _____

From: ___/___/___

Starting Salary: _____

To: ___/___/___

Ending Salary _____

Job Description & Responsibilities: _____

Reason for Leaving: _____

2. Company Name _____ Phone _____

Address _____

Street

City

State

Zip

Supervisor's Name & Title _____

Dates of Employment:

Your Position/Title: _____

From: ___/___/___

Starting Salary: _____

To: ___/___/___

Ending Salary _____

Job Description & Responsibilities: _____

Reason for Leaving: _____

3. Company Name _____ Phone _____

Address _____

Street

City

State

Zip

Supervisor's Name & Title _____

Dates of Employment:

Your Position/Title: _____

From: ___/___/___

Starting Salary: _____

To: ___/___/___

Ending Salary _____

Job Description & Responsibilities: _____

Reason for Leaving: _____

New Life Home Care WA

3407 Meadow Ave N, 98056, Renton WA, US
Tel: (425) 545-9844 - Email: info@Newlifehomecare.com

4. Company Name _____ Phone: _____

Address _____
Street City State Zip

Supervisor's Name & Title _____

Dates of Employment: _____ Your Position/Title: _____

From: ___/___/___ Starting Salary: _____

To: ___/___/___ Ending Salary _____

Job Description & Responsibilities: _____

Reason for Leaving: _____

5. Company Name _____ Phone: _____

Address _____
Street City State Zip

Supervisor's Name & Title _____

Dates of Employment: _____ Your Position/Title: _____

From: ___/___/___ Starting Salary: _____

To: ___/___/___ Ending Salary _____

Job Description & Responsibilities: _____

Reason for Leaving: _____

References

List 3 individuals (not related to you) who are familiar with your work-related skills.

Name	Company Name	Phone	Yrs Known

Have you ever been charged or convicted of a crime? Yes No

If yes, please provide details.

New Life Home Care WA

3407 Meadow Ave N, 98056, Renton WA, US
 Tel: (425) 545-9844 - Email: info@Newlifehomecare.com

Availability Information

Please circle the shifts you are available for each day.

Day	Shift			
Mon	Morning	Afternoon	Evening	Overnight/Live In
Tues	Morning	Afternoon	Evening	Overnight/Live In
Weds	Morning	Afternoon	Evening	Overnight/Live In
Thurs	Morning	Afternoon	Evening	Overnight/Live In
Fri	Morning	Afternoon	Evening	Overnight/Live In
Sat	Morning	Afternoon	Evening	Overnight/Live In
Sun	Morning	Afternoon	Evening	Overnight/Live In

Do you have your own transportation? Yes No Do you have current auto insurance? Yes No

Please indicate areas you will be available to work:

Pierce County

- Anderson Island
- Auburn
- Bonney Lake
- Buckley
- Carbonado
- Dupont
- Eatonville
- Elbe
- Enumclaw
- Federal Way
- Fife
- Fox Island
- Gig Harbor
- Graham
- Lakebay
- Lakewood
- Longbranch
- Milton
- Orting
- Pacific
- Puyallup
- Roy
- Spanaway
- Steilacoom
- Sumner
- Tacoma
- University Place

King County

- Algona
- Auburn
- Beaux Arts Village
- Bellevue
- Black Diamond
- Bothell
- Burien
- Carnation
- Clyde Hill
- Covington
- Des Moines
- Duvall
- Enumclaw
- Federal Way
- Hunts Point
- Issaquah
- Kenmore
- Kent
- Kirkland
- Lake Forest Park
- Maple Valley
- Medina
- Mercer Island

- Milton
- Newcastle
- Normandy Park
- North Bend
- Pacific (partial)
- Redmond
- Renton
- Sammamish
- SeaTac
- Seattle
- Shoreline
- Skykomish
- Snoqualmie
- Tukwila
- Woodinville
- Yarrow Point
- Other _____

Do you have any physical limitations that would prevent you from doing any aspect of this job?

Yes No If Yes, please explain _____

New Life Home Care WA

3407 Meadow Ave N, 98056, Renton WA, US
Tel: (425) 545-9844 - Email: info@Newlifehomecare.com

Permission for Release of Employment History and References

I, _____, do hereby authorize A&B Homecare and its representatives to conduct my reference check with all and any of the previous employers listed on my completed employment application form, submitted resume and on completed Personal Reference Check form.

I hereby authorize and release A&B Homecare and its representatives conducting my reference checks and persons/organizations providing past employment information and references on my behalf from any liabilities whatsoever which may occur as a result of the said employment records, recommendations or any other communications pursuant of this authorization.

Furthermore, I understand that this information will be placed in my personnel file as part of my employment record.

I swear that all statements in this application are true and correct. I understand that false information may be cause for dismissal.

Applicant Signature

Applicant Full Name

Date

New Life Home Care WA

3407 Meadow Ave N, 98056, Renton WA, US
Tel: (425) 545-9844 - Email: info@Newlifehomecare.com

Criminal History Disclosure Statement

I, _____, have never been:

1. Convicted of any crime against children or other person: Aggravated murder; first or second degree murder; first or second degree kidnapping; first, second, or third degree assault; first, second, or third degree assault of a child; first, second, or third degree rape; first, second, or third degree rape of a child; first or second degree robbery; first degree arson; first degree burglary; first or second degree manslaughter; first or second degree extortion; indecent liberties; incest; vehicular homicide; first degree promoting prostitution; communication with a minor; unlawful imprisonment; simple assault;
· sexual exploitation of minors; first or second degree criminal mistreatment; endangerment with a controlled substance; child abuse or neglect as defined in RCW 26.44.020; first or second degree custodial interference; first or second degree custodial sexual misconduct; malicious harassment; first, second, or third degree child molestation; first or second degree sexual misconduct with a minor; patronizing a juvenile prostitute; child abandonment; promoting pornography; selling or distributing erotic material to a minor; custodial assault; violation of child abuse restraining order; child buying or selling; prostitution; felony indecent exposure; criminal abandonment; or any of these crimes as they may be renamed in the future.
2. Convicted of crimes relating to financial exploitation if the victim was a vulnerable adult: a conviction for first-, second-, or third-degree extortion; first, second or third degree theft; first or second degree robbery; forgery; or any of these crimes as they may be renamed in the future.
3. Convicted of crimes related to drugs: relating to drugs" means a conviction of a crime to manufacture, delivery, or possession with intent to manufacture or deliver a controlled substance.
4. Found in any dependency action under RCW 13.34.040 to have sexually assaulted or exploited any minor or to have physically abused any minor.
5. Found by a court in a domestic relation proceeding under Title 26 RCW to have sexually abused or exploited any minor or to have physically abused any minor.
6. Found in any disciplinary board final decision to have sexually or physically abused or exploited any minor or physically abused or exploited any minor or developmentally disabled person or to have abused or financially exploited any vulnerable adult.
7. Found by a court in a protection proceeding under chapter 74.34 RCW to have abused or financially exploited a vulnerable adult.

I swear that all statements in this application are true and correct. I understand that false information may be cause for dismissal.

Applicant signature: _____ Date: _____

Witness signature: _____ Date: _____

New Life Home Care WA

3407 Meadow Ave N, 98056, Renton WA, US
Tel: (425) 545-9844 - Email: info@Newlifehomecare.com

SKILLS SELECTION AND PREFERENCE RECORD

Name _____ Date _____

Skill / Procedure	Have Done	Need Review	Have Not Done	Skill / Procedure	Have Done	Need Review	Have Not Done
ELIMINATION				NUTRITION			
Bedpan				Menu Planning			
Urinal				Grocery Shopping			
Bedside Commode				Meal Preparation			
Incontinence/Diapers				Regular Diet			
Perineal Care				Soft or Blended Diet			
Texas/Condom Catheter				Bland / Low Residue			
Urinary Catheter Care				Diabetic Diet			
Change Ostomy Bags				Low Fat Diet			
Measure Intake/Output				Low Sodium Diet			
PERSONAL CARE				AMBULATION / TRANSFER			
Tub Bath or Shower				Low Cholesterol Diet			
Use of Shower Chair				High Fiber Diet			
Bath at Sink				Feeding Clients			
Bed Bath				Storage of Leftovers			
Shampoo/Set/Comb Hair				AMBULATION / TRANSFER			
Mouth & Denture Care				Use of Walker or Cane			
Shaving Client				Use of Wheelchair			
Nail Care				Use of Hoyer Lift			
Dressing/Undressing				Use of Trapeze			
Care of Eyeglasses				Assist with Walking			
Care of Hearing Aid				Use of Gait Belt			
Housekeeping				Transfer Bed to Chair			
Make Unoccupied Bed				Transfer Wheelchair to Bed, Toilet, Chair, etc.			
Make Occupied Bed				Positioning Clients on Side, Back etc.			
Laundry				Range of Motion Exercises			
Vacuum / Dust / Mop				Use of Hospital Bed			
Clean Kitchen / Bath				INFECTION CONTROL			
Clean Living Area				Handwashing			
Employee Information - Do you:				Universal Precautions			
Drive	Yes	No		Isolation Techniques			
Smoke	Yes	No		Bio-Medical Waste			
Speak Other Language	Yes	No		Check Off Client Conditions You Have Taken Care of Before			
Have Lifting Restrictions	Yes	No		Dementia/Alzheimer's	Cardiac/Heart	Parkinson's	Amputation
Check off those Clients YOU PREFER NOT TO CARE FOR				Hospice/Terminal Pts.	COPD/Asthma	Diabetes	Emphysema
Smoker	Non-smoker	Pets		Mental Retardation	Epilepsy / Seizure	Autism	Cerebral Palsy
Male	Female	Couples	Child	Paralysis	Stroke / CVA	Arthritis	Cancer
Transfers / Lifting	Confused	Terminally Ill					

List other skills here: