



**Application for Employment**  
**Heron Companions**

Interview  
Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Hired: \_\_\_\_\_ File: \_\_\_\_\_

Personal Information (PLEASE PRINT)

*We are an equal opportunity employer*

LAST NAME	FIRST NAME	M.I.	SOCIAL SECURITY NO.	
ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NO.	CELL PHONE NO.	OTHER	HOW DID YOU LEARN ABOUT US?	
E-Mail Address:				

Position Applying For: \_\_\_\_\_

Are you currently employed?

☐ Yes

☐ No

May we contact your present employer?

☐ Yes

☐ No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

☐ Yes

☐ No

*Proof of citizenship or immigration status will be required upon employment*

On what date would you be available for work? \_\_\_\_\_

What hours are you available on an **as needed basis**? \_\_\_\_\_

Have you ever been convicted of a felony?

☐ Yes

☐ No

*Conviction will not necessarily disqualify an applicant from employment.*

If yes, please explain. \_\_\_\_\_

Education History				
	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS OR CORRESPONDANCE SCHOOL				

Indicate any foreign languages you can speak, read, and/or write. (Please specify.) \_\_\_\_\_

**US Military Service Information:**

Branch: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_



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Employment History					
DATE: MM/YYYY	STARTING / ENDING SALARY	NAME, ADDRESS, PHONE NUMBER OF EMPLOYER	SUPERVISOR'S NAME	POSITION	REASON FOR LEAVING
FROM:	START:				
TO:	END:				
FROM:	START:				
TO:	END:				
FROM:	START:				
TO:	END:				

If you need additional space, please continue on a separate sheet of paper.

References			
Give below the names of three persons not related to you whom you have known for at least one year.			
NAME	PHONE NUMBER	BUSINESS	YEARS KNOWN

<b>Emergency Contact</b>	Name and Phone Number of Person to contact in the event of an emergency:	
	Local Contact: _____	Phone No. _____
	Out-of-Area: _____	Phone No. _____

Availability for Work	
<b>Hours &amp; Days Available for Work</b>	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Short-Notice <input type="checkbox"/> Split Shift
	Indicate Days Available for Work:
	<input type="checkbox"/> Sunday      From: _____ To: _____
	<input type="checkbox"/> Monday      From: _____ To: _____
	<input type="checkbox"/> Tuesday      From: _____ To: _____
	<input type="checkbox"/> Wednesday      From: _____ To: _____
	<input type="checkbox"/> Thursday      From: _____ To: _____
	<input type="checkbox"/> Friday      From: _____ To: _____
	<input type="checkbox"/> Saturday      From: _____ To: _____
	What is the minimum number of hours you will work in one day? _____
What is the maximum number of hours you will work in one day? _____	

Client Types and Work Duties	
<b>Type of Position(s) Preferred</b>	<input type="checkbox"/> Home Maker <input type="checkbox"/> Personal Care <input type="checkbox"/> Companion <input type="checkbox"/> Live-In
	<input type="checkbox"/> Other: _____ (Specify)
	Live-in care usually requires that you go to a client's home continuously for 3-4 days at a time every week. Indicate which shifts you will accept: <input type="checkbox"/> Weekdays (Monday A.M. to Friday A.M.) <input type="checkbox"/> Weekends (Friday A.M. to Monday A.M.)
<b>Places Willing to Travel</b>	<input type="checkbox"/> Delaware County <input type="checkbox"/> Chester County <input type="checkbox"/> Bucks County <input type="checkbox"/> Montgomery County <input type="checkbox"/> Berks County <input type="checkbox"/> Philadelphia



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<b>Duties Willing/Able to Perform</b>	<input type="checkbox"/> Bathing	<input type="checkbox"/> Housekeeping
	<input type="checkbox"/> Grooming	<input type="checkbox"/> Laundry
<b>Personal Information</b>	<input type="checkbox"/> Oral Care	<input type="checkbox"/> Meal Preparation
	<input type="checkbox"/> Dressing	<input type="checkbox"/> Shopping
	<input type="checkbox"/> Bowel Care	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Bladder Care	<input type="checkbox"/> Medication Reminding
	<input type="checkbox"/> Feeding	<input type="checkbox"/> Friendly Reassurance Phone Call / Home Visit
	<input type="checkbox"/> Ambulation	<input type="checkbox"/> Other: _____
	Are you a C.N.A.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Have you had a recent PPD / TB Test? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes, Date (MM/YYYY): _____	
	Do you have any reservations about providing services to a client with a pet(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain: _____ <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Other: _____		
Can you comfortably provide services in a home environment where there is smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Transportation</b>		
<b>Driver's License</b>	Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Transporting Clients</b>	Are you willing to transport clients in your private vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Do you have adequate vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you willing to drive a client's vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you willing to escort a client in their own vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Are you willing to escort a client on public transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments: _____		

## Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorized investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I understand that Heron reserves the right to investigate all information provided by the job applicant on this application prior to or as a condition of employment. My signature below authorizes Heron to investigate any and all information such as criminal reports, driving reports, drugs, alcohol, or any other measures as deemed necessary for employment in regard to this Application for Employment.

I also understand and agree that no representative of this company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This authorization does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Applicant's Signature

Date

Print Name

## FOR PERSONNEL DEPARTMENT USE ONLY

<b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Job Title:</b> _____	<b>Days:</b> <input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday	<b>Hours:</b> _____
<b>Start Date:</b> _____	<b>Hourly Rate:</b> _____	<b>Hired By / Department</b> _____	