



**ALLCARE
LIVING
SERVICES, INC.**

You must answer all questions on this application to be considered for employment.

Name _____ Date _____

Address _____ Apt _____ City _____ State _____ Zip _____

Cell phone # _____ Home Phone # _____

Additional Phone _____ Emergency Contact _____ Phone _____

Available start Date _____ How did you hear about us? _____

Type of transportation you use _____ Full time _____ Part time _____ **Expected Pay Rate** _____

RN _____ LPN _____ CNA _____ Companion _____ CNA License Number _____

State Issued _____ Expiration _____ Email/TXT _____

Is or has your license ever been restricted in any manner? ___ No ___ Yes

Explain _____

Has disciplinary action ever been taken against you by the State Board of Licensing in any state?

No ___ If Yes Explain _____

Do you read, write or speak any language other than English? _____

Do you know sign language? _____

Have you ever been convicted of any crime other than minor traffic violations? ___ No ___ Yes

Explain _____

Have you ever committed an offense involving dishonesty, breach of trust or fraud? ___ No ___ Yes

Explain _____

Are you employed now? ___ No ___ Yes Where _____ Current pay rate _____

Date of last TB test or X-RAY _____ Source _____

CPR certified ___ No ___ Yes Date _____

Are you willing to take a Drug Screening Test? ___ Yes ___ No Explain _____

Are you willing to sign a release for a Criminal Records Check? ___ Yes ___ No Explain _____

Scrubs are required on all assignments; are you willing to provide a uniform? ___ Yes ___ No

Have you ever been employed by AllCare Living Services, Inc.? ___ Yes ___ No

Availability

When filling out availability, be sure to include all hours you can work. Some weekends may be required but you will not be asked to work every weekend. The more you restrict your availability the less likely we will be able to find a placement for you.

Hours available for assignment - Hours per week _____

Shift availability each day (Mornings, Afternoons, Days, Evenings, Nights, Any)

____ Sun ____ Mon ____ Tues ____ Wed ____ Thu ____ Fri ____ Sat

____ 12 hour shifts ____ 8 hours or less per shift ____ Occasional weekends

Comments:

Work History: Please provide a **5 year work history** and be sure to **include phone numbers**.

Use the back if necessary.

1. Company Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Supervisor _____ Date Worked From _____ to _____ **Salary** _____
Job Title _____ Nature of Work _____
Reason for Leaving _____

2. Company Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Supervisor _____ Date Worked From _____ to _____ **Salary** _____
Job Title _____ Nature of Work _____
Reason for Leaving _____

3. Company Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Supervisor _____ Date Worked From _____ to _____ **Salary** _____
Job Title _____ Nature of Work _____
Reason for Leaving _____

May we contact the employers listed above? _____ Yes _____ No

If no, which ones and why? _____

Professional References: List three professional references **do not include family and friends**

1. Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Company Name _____ Position Held _____
How long have you known each other? _____ What is your relationship? _____

2. Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Company Name _____ Position Held _____
How long have you known each other? _____ What is your relationship? _____

3. Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Company Name _____ Position Held _____
How long have you known each other? _____ What is your relationship? _____

Educational Background

High School _____ Graduated _____ Yes _____ No _____
Vocational/Technical _____ Certification/Degree _____ Date _____
Hospital _____ Certification/Degree _____ Date _____
College/University _____ Certification/Degree _____ Date _____
Additional _____ Certification/Degree _____ Date _____

Experience: Write **T** if you are **trained** or **E** if you are **experienced** in the following categories

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Meal planning | <input type="checkbox"/> Bed Bath | <input type="checkbox"/> Transfers Bed/Chair | <input type="checkbox"/> Bed bound |
| <input type="checkbox"/> Assist with feeding | <input type="checkbox"/> Chair Bath | <input type="checkbox"/> Assist Transfer | <input type="checkbox"/> Brace Assistance |
| <input type="checkbox"/> Serving meals | <input type="checkbox"/> Tub Bath | <input type="checkbox"/> Full Lift | <input type="checkbox"/> Prosthesis |
| <input type="checkbox"/> Restricted fluids | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Transfer Belt | <input type="checkbox"/> Shower |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Slide board | <input type="checkbox"/> ROM exercise | <input type="checkbox"/> Dentures |
| <input type="checkbox"/> Low salt or Fat | <input type="checkbox"/> Mouth Care | <input type="checkbox"/> Hoyer Lift | <input type="checkbox"/> Hair Care |
| <input type="checkbox"/> Supplemental Feedings | <input type="checkbox"/> Skin Care | <input type="checkbox"/> Shampoo | <input type="checkbox"/> Shave |
| <input type="checkbox"/> Foot and Nail Care | <input type="checkbox"/> Dressing | <input type="checkbox"/> Peri Care | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Quad Care | <input type="checkbox"/> Pulse | <input type="checkbox"/> Walking Assistance | <input type="checkbox"/> Weight Bearing Assistance |
| <input type="checkbox"/> Temp Oral | <input type="checkbox"/> Respirations | <input type="checkbox"/> Temp Maxillary | <input type="checkbox"/> Weight |
| <input type="checkbox"/> Blood Pressure | <input type="checkbox"/> Fleets Enema | <input type="checkbox"/> Ted Hose | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Med Reminders | <input type="checkbox"/> Wound Care | <input type="checkbox"/> Reality Orientation | <input type="checkbox"/> Adolescent |
| <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Escort Client | <input type="checkbox"/> Errands | <input type="checkbox"/> Adult |
| <input type="checkbox"/> Geriatric | <input type="checkbox"/> Convalescent | <input type="checkbox"/> Chronically Ill | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Terminally Ill | <input type="checkbox"/> Bedpan | <input type="checkbox"/> Urinal |
| <input type="checkbox"/> Bedside Commode | <input type="checkbox"/> Urine output | <input type="checkbox"/> Change Diapers | <input type="checkbox"/> Catheter Care |
| <input type="checkbox"/> Colostomy Care | <input type="checkbox"/> Vacuum | <input type="checkbox"/> Clean Kitchen/Bath | <input type="checkbox"/> Ostomy Appliance |
| <input type="checkbox"/> Change Linens | <input type="checkbox"/> Mop | <input type="checkbox"/> Oxygen Precaution | <input type="checkbox"/> Maintain Safe Environment |
| <input type="checkbox"/> Universal Precautions | <input type="checkbox"/> Empty Trash | <input type="checkbox"/> Polish | <input type="checkbox"/> Iron |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Maintain Clean Environment | | |

List any additional experience:

General Comments:

AllCare Living Services strongly believes in equal opportunity for all, without regard to race, religion, color, national origin, citizenship, sex, veteran's status, age, marital status, sexual preference, disability or any other protected personal characteristic. In addition, we will endeavor to make reasonable accommodations for known physical or mental limitations of otherwise qualified employees and applicants with disabilities unless the accommodation would impose an undue hardship on the operation of our business.

I hereby authorize AllCare Living Services, Inc., to request any and all information from former employers, persons given as references and any source pertinent to or concerning me or my work habits, character, skills, or my action in any transaction.

Employment is not offered until successful completion of the Hiring Process. If offered employment by AllCare Living Services, Inc., I understand that I will be required to work all my assignments without fail unless the proper 48 hour notification has been provided directly to the On-Call Supervisor. Failure to do so will result in disciplinary action up to and including immediate dismissal, and adjustment of hours and deduction of wages.

I certify that the information herein is complete and true and that any material omission or misrepresentation shall be sufficient cause for immediate dismissal.

Signature _____ Print Name _____ Date _____



ALLCARE
LIVING
SERVICES Inc.

1675 North Main Street, Suite 105-B, Summerville, South Carolina 29483
Office 843-832-9888 Fax 843-832-3522

RELEASE AND CONSENT

Applicant Name: _____ **Social Security Number:** _____

Other Names Used/Maiden: _____ **Drivers License Number:** _____

Current Residence (Street, City, State, Zip Code) _____ **How Long At Residence** _____

Former Residence (Street, City, State, Zip Code) _____ **How Long At Residence** _____

Name and Address of School/College/University _____ **Dates Attended** _____

I understand that employment offered to me by AllCare Living Services, Inc. is contingent upon favorable background check results. I understand that background checks may include any lawful investigation of my educational, criminal, driving, and credit background. It will also include employment histories. I fully consent to such background checks and investigations.

I am aware I have the right to make a written request to obtain additional information regarding the nature and scope of the background checks. I understand that a criminal conviction record does not necessarily bar me from employment.

If AllCare Living Services, Inc. considers the results of the investigations to be unfavorable, I agree that AllCare Living Services, Inc. may deny or discharge me from employment and deduct wages incurred if false information was provided on the application.

I release AllCare Living Services, Inc., its officers, agents, and employees from all liability resulting from the collections, use, or disclosure of the information obtained during the above investigation.

I certify that all information provided is complete and true. I have read this release and consent, understand the terms, and sign it voluntarily.

Signature of Applicant: _____ Date _____

Authorized ALS Employee: _____ Date _____

RESULTS OF BACKGROUND CHECK

_____ **RELEASED FOR EMPLOYMENT** _____ **NOT ELIGIBLE FOR EMPLOYMENT**