



SOUND OPTIONS

Home Care Application for Employment

Personal Information				Date:																						
Name:	Last:	First:	Middle:																							
Present Address:	Street:	City:	State:	Zip:																						
Home Phone:		Email Address:																								
Cell phone:																										
Are you 18 years or older? Yes No		Social Security No.:																								
Have you applied here before? Yes No		How many hours can you work per week? _____																								
Please indicate the days and time you are available to work: <input type="checkbox"/> I can work any time		Would you consider a 24hr live-in position? Yes No																								
<table border="1"> <tr><td>• Mon</td><td>From:</td><td>To:</td></tr> <tr><td>• Tue</td><td>From:</td><td>To:</td></tr> <tr><td>• Wed</td><td>From:</td><td>To:</td></tr> <tr><td>• Thr</td><td>From:</td><td>To:</td></tr> <tr><td>• Fri</td><td>From:</td><td>To:</td></tr> <tr><td>• Sat</td><td>From:</td><td>To:</td></tr> <tr><td>• Sun</td><td>From:</td><td>To:</td></tr> </table>		• Mon	From:	To:	• Tue	From:	To:	• Wed	From:	To:	• Thr	From:	To:	• Fri	From:	To:	• Sat	From:	To:	• Sun	From:	To:	Are you available to work nights? Yes Some None			
• Mon	From:	To:																								
• Tue	From:	To:																								
• Wed	From:	To:																								
• Thr	From:	To:																								
• Fri	From:	To:																								
• Sat	From:	To:																								
• Sun	From:	To:																								
		Are you able to work weekends? Yes Some None																								
		Salary Desired: \$ _____																								
		Employment Desired: <input type="checkbox"/> Full-time only <input type="checkbox"/> Full or part-time <input type="checkbox"/> Part-time																								
Are you legally authorized to work in the U.S.? Yes No		Where did you hear about us?																								
Education Information																										
Please check any certifications you possess: <input type="checkbox"/> NAC <input type="checkbox"/> NAR <input type="checkbox"/> CPR <input type="checkbox"/> Tuberculosis Skin test (within last 6 months)																										
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	DID YOU GRADUATE?	NUMBER OF YEARS COMPLETED																						
High School																										
College/NAC School																										
Other																										
Have you ever been convicted for a crime? Yes No If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.																										
Driving information																										
Do you have a valid driver's license? Yes No		Do you have current car insurance? Yes No																								
Do you have a car? Yes No		If no, how will you get to work?																								
Have you had any accidents in the past three years?		Yes	No	How many? _____																						
Have you had any moving violations in the past three years?		Yes	No	How many? _____																						

Work History			
1. Name and address of Employer	Name/title of last supervisor	Employment dates	Pay or salary
		From:	Start:
		To:	Final:
Supervisors phone number:	Your title:	Reason for leaving:	
Duties and responsibilities:			
Can we contact your employer? Yes No If no, please explain?			
2. Name and address of Employer	Name/title of last supervisor	Employment dates	Pay or salary
		From:	Start:
		To:	Final:
Supervisors phone number:	Your title:	Reason for leaving:	
Duties and responsibilities:			
Can we contact your employer? Yes No If no, please explain?			
3. Name and address of Employer	Name/title of last supervisor	Employment dates	Pay or salary
Supervisors phone number:	Your title:	Reason for leaving:	
Duties and responsibilities:			
Reference Information			
Please list two personal references			
Name:		Name:	
Company:		Company:	
Phone #:		Phone #:	
Address:		Address:	

Please Read Carefully

I authorize Sound Options Home Care to obtain any relevant information (including extensive local and national criminal background checks, social security verification credit history and motor vehicle investigations) needed to make an employment decision. I authorize Sound Options Home Care to disclose this application along with any information about me obtained through reference checks or during the course of the interview process for state, federal contractual, or accreditation audits purposes. I also authorize Sound Options Home Care to disclose any of my performance appraisals, disciplinary records or skills tests for the same purposes as above. I release Sound Options Home Care from any individual or entity providing information to Sound Options Home Care from all liability for any damages from the disclosure of the information.

I understand and agree that nothing contained in this employment application or in granting an interview creates an employment contract between Sound Options Home Care and me for either employment or for the providing of any benefits. No promises regarding employment have been made to me. If I am offered employment, I understand that it is conditional upon a clear criminal background check and that the employment can be terminable "at will", and that I have a right to terminate my employment at any time and that Sound Options Home Care also retains a similar right to terminate my employment at any time. I understand that Sound Options may end the employment relationship at any time, without specific notice or reason. If employed I understand that Sound Options Inc. may unilaterally change or revise their benefits, policies or procedures, and such changes may include a reduction in benefits.

I understand that should I become employed by Sound Options Home Care, my work assignments, schedules and work locations are subject to change according to the needs of the business and the clients of Sound Options Home Care. There is no guarantee that professional caregivers at Sound Options Inc. will receive 40 hours per week. All professional caregivers are considered part-time employees. Additionally, your clients will be within our service delivery areas. Therefore, you will be required to travel within our service delivery areas.

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 considered grounds for dismissal. I understand that the misrepresentation, or omission of facts called for is cause for dismissal at any time without any previous notice.

I authorize investigation of all statements contained herein and the references and employers listed to 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.

Sound Options is an equal employment opportunity employer. We adhere to a policy of making employment decisions regardless of race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this depends solely on your qualifications.

Signature of Applicant: _____ **Date:** _____

Print Name: _____



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