



Corpus Christi Home Care, Inc.

Corpus Christi
Ph: (361) 242-1109
Fx: (361) 242-1157

Rockport
Ph: (361) 729-5541
Fx: (361) 729-5542

Sinton
Ph: (361) 364-3499
Fx: (361) 364-3802

APPLICANT INSTRUCTIONS

Thank you for your interest in our Agency. We appreciate your application, and look forward to the possibility of you joining our team.

Please complete the attached application and authorization for release of information forms.

Please print all information so it may easily read. Be certain all forms are completely filled out and signed. Incomplete applications will not be considered. Use the abbreviation "NA" if a particular provision or section in the form is not applicable to you.

Decisions are made solely on the basis of qualification to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers and any licensing certification agencies, if applicable. As an Equal Opportunity Agency, decisions are made without regard to race, color, creed, national origin, sex, physical or mental handicap (unrelated to ability to do the job), or age (as defined by law).

PLEASE SUBMIT THIS APPLICATION TO THE CORPUS CHRISTI OFFICE.

13330 Leopard, Ste. 26, Corpus Christi, Texas 78410

Phone: 361-242-1109 Fax: 361-242-1157

1. PERSONAL INFORMATION

Date: _____

Full Name: _____ SS# _____ - _____ - _____

Current Address: _____

Permanent Address: _____

Telephone No.(s) where you may be reached: Day:

_____ Evening: _____

Notify in case of emergency: Name: _____

Address: _____

Valid Driver's License: yes ___ no ___ DL#: _____ State: _____ Expires: _____

Has your driver's license ever been suspended or revoked? Yes _____ No _____

If yes, why? _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please explain: _____

*Failure to disclose any relevant background information may result in rejection or termination.

Are you bilingual? Yes _____ No _____ Other languages spoken: _____

II. EDUCATION

Did you graduate from high school? Yes, when? _____ No, last grade completed? _____

College, University, School	State	Area of Study	Degree Earned	Date

U.S. Veteran? Yes _____ No _____

Dates of Service: _____

Duty or Training: _____

III. PROFESSIONAL LICENSES and/or CERTIFICATIONS

(Includes all states in which you are currently licensed/certified)

TYPE	AGENCY/STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have any licenses ever been revoked, suspended, or investigated: yes _____ no _____

If yes, explain fully: _____

IV. WORK DESIRED AND AVAILABILITY

Type of Work Desired:	Shift	Salary
1 st _____	_____	_____
2 nd _____	_____	_____
3 rd _____	_____	_____

Date available: _____ Full Time: _____ Part-Time: _____

Are you willing to work weekends: _____ Holidays _____ rotation _____

Geographic area in which you would be available to work: _____

What are your reasons or goals for seeking the position(s) you have identified? _____

Would you be willing to work on an "as needed, on call" basis before being considered for a full-time position? Yes _____ No _____

If yes, please explain: _____

Are you willing to travel, using your own car for agency work? Yes _____ No _____

Do you have your own reliable transportation? Yes _____ No _____

Do you have auto liability? Yes _____ No _____

V. EMPLOYMENT RECORD

Are you currently employed? Yes _____ No _____

We routinely contact an applicant's current employer for reference checks. Would this pose any particular difficulty for you? Yes _____ No _____ If yes, please explain: _____

List previous employment information:

Current or last employer:

Name: _____ Phone: _____

Address: _____

Position/Duties: _____ From: _____ To: _____

Salary: _____ Supervisor: _____

Reason for leaving: _____

Next previous employer:

Name: _____ Phone: _____

Address: _____

Position/Duties: _____ From: _____ To: _____

Salary: _____ Supervisor: _____

Reason for leaving: _____

Have you ever worked for Corpus Christi Home Care, Inc? yes _____ no _____ if yes,

When: _____

What position? _____ Why did you leave? _____

Please explain all periods of unemployment: _____

Have you ever been terminated from employment? Yes _____ No _____ If yes, please explain: _____

**Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills, which would assist us in placing you:

Have you provided home care previously? Please explain and describe duties:

Can you follow special diet instructions? Please explain experience:

Are you experienced in caring for older persons, disabled persons, and in providing personal care?
Please explain: _____

Do you have a certificate indicating satisfactory completion of a home health aide training course approved by a State Department of Health? Yes _____ No _____ Which State(s) _____
(attach copy of all certificates)

Please indicate your experience in the following care techniques:

Skin Care: _____

Bed bath: _____

Positioning: _____

Feeding: _____

Assist/walking: _____

Assist/toileting: _____

Specify office machines or equipment you operate: _____

Typing: yes _____ no _____ Speed _____ Shorthand: yes _____ no _____ Speed _____

VI. PROFESSIONAL REFERENCES

Name	Address	Phone	Position	Years Known

To the best of your knowledge, do you have any allergy, health condition, or physical condition, which could threaten your health or your well being as a result of performing the duties of this job? Yes _____ No _____ If yes, explain _____

To the best of your knowledge, do you have any health condition, infestation, or disease which could be communicated in the work place to a client or a co-worker, and which, if communicated, might endanger the good health of a client or co-worker? Yes _____ No _____
If yes, explain _____

Do you take any medication which makes you drowsy or diminishes your attentiveness and which thereby might threaten the safety of a client, co-worker, or yourself as you perform assigned duties? Yes _____ No _____ If yes, explain _____

If your assigned tasks are lifting, carrying and/or transferring, can you safely accomplish those tasks if the weight involved is more than:
50 pounds? Yes _____ No _____ 75 pounds? Yes _____ No _____ 100 pounds? yes _____ No _____

Have you ever been injured on the job? Yes _____ No _____ If yes, explain _____

Name, address, and phone number of physician have record and/or knowledge of your medical history. Name: _____ Phone: _____
Address: _____

May we contact your physician for information on your medical history? Yes _____ No _____

VII. APPLICANT CERTIFICATION

I certify that all information given on this application is true, correct, and complete. I also certify that I have accounted for all of my work experience, training, and physical/medical history.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment, or dismissal if I authorize any inquiry to be made on any information contained in this application. I understand that employment may be conditioned upon favorable health evaluation. If this is an application for employment, I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying, and I agree to such scheduling change as directed by supervisor or the management.

I understand that employment with Corpus Christi Home Care, Inc., will be AT-WILL, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of CCHC or the employee. CCHC has the right to end employment at any time and the employee retains that same right.

I also understand that I am not to lift or transfer any object or patient by myself, unless I am familiar with the given situation and am reasonably sure that doing so alone can be safely accomplished. Otherwise, I know that it is my duty to refrain from lifting or transferring the object or patient until I have obtained assistance. I know that this policy is designed to ensure a safe environment for all concerned parties.

If the company accepts this application, I agree to abide by its policies and also to report to the appropriate office director any and all job-related accidents and illnesses immediately after occurrence, regardless of severity.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

License/Certification Verification:

TYPE	STATE	NUMBER	VALID?	RESTRICTIONS	VERIFIED?
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_____	_____	_____	_____	_____	_____
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Interviewer Notes:

Revised: 2-05