Humane HomeCare Agency, LLC

3235 Kensington Avenue, Philadelphia, PA 19134 Telephone: (215) 203-1955

Application for Employment

We are an equal opportunity employer who provides equal access to programs, services, and employment to all persons. All qualified applicants will receive equal consideration for employment without regard to race, color, national origin, religion, sex, marital status, sexual orientation, age, physical or mental disability, or covered veteran status. Those applicants requiring reasonable accommodation to the application and/or interview process should notify Humane HomeCare Agency.

Personal Information						
Last Name		First			M.I.	Date:
Street Address				Apartm	ent/Unit #	
City			State		ZIP	
Phone	E-ma	ail Address				
Date Available	Soc	cial Security No.				
Position Specific Information						
Position Applied For:						
CNA Registration #	🗆 н	ome Health Aide	☐ Personal Care Assistant ☐ Compar			☐ Companion
Other:						
Has your license ever been suspended or revoked?						
☐ Part Time ☐ Full Time ☐ Live-In 12-Hour Shifts: ☐ AM ☐ PM						
Time Availability: (check all ti	mes you are av	ailable for work; tim	nes noted	l are ap	oroximate)	
Time Monday Tue	sday Wed	nesday Thurs	day	Friday	Saturday	Sunday
8 am to 12						
12 pm to 4						
4 pm to 8						
8 pm to 12						
12 am to 4						
4 am to 8						
Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.?						
Have you ever worked for this company? YES NO If so, when?						
	YES N	o If so,				
	YES N	O If so, when?				
this company? Have you ever been convicted		o If yes, detail	ssian	☐ Viet	namese 🗌 k	Korean

Education								
High Sch	High School Addres		Address					
From	То	Did you graduate	? TES	\square NO	Degree			
College			Address					
From	То	Did you graduate	? TES	□ NO	Degree			
Other		Addı	ess					
From	То	Did you graduate	? TES	\square NO	Degree			
Please I i	st Three Profess	ional References:						
Please List Three Professional References: Full Name				Relationsh	Relationship			
Company				Phone (
Address				,	,			
Full Name			Relationship					
Company			Phone (<u> </u>				
Address					,			
Full Name			Relationship					
Company			Phone ()					
Address				1				
Previous	Employment							
Company				Phone ()				
Address Supervisor								
Job Title	Job Title Starting Salar			ry \$ Ending Salary \$				
Responsibilities								
From	То	Reason for Lo	eaving					
May we contact your previous supervisor for a reference?								
Company			Phone ()					
Address			Supervisor					
Job Title Starting Salar			y \$ Ending Salary \$					
Responsibilities								
From	rom To Reason for Leaving							
May we contact your previous supervisor for a reference?								

Previous Employment, Contin	ued					
Company			Phone ()		
Address			Supervisor			
Job Title		Starting Salary	/ \$	Ending Salary \$		
Responsibilities						
From To	Reason for	Reason for Leaving				
May we contact your previous supervisor for a reference?						
Military Service						
Branch			From	From To		
Rank at Discharge			Type of Dis	scharge		
If other than honorable, explain						
Employment Application Disc	losure and <i>l</i>	Authority to Re	lease Informa	ation		
PLEASE READ THIS STATEMENT CAREFULLY BEFORE SIGNING. I understand that in processing my application with Humane HomeCare Agency a background check will be conducted. Information may include, but is not limited to: employment history, education, criminal records, national sex offender check, child abuse clearance, motor vehicle records, personal references and any data provided on this application or during the interview process. If currently employed: My current employer may be contacted YES NO I authorize the appropriate individuals, companies, institutions or agencies to release information, and I release them from any liability as a result of such inquiries or disclosures. I have read, understand, and by my signature, consent to these statements. I hereby certify that all the statements and answers set forth on the application form, my resume and interview are true and complete to the best of my knowledge. If this application leads to employment, I understand that if any statements and/or answers are found false or the information has been omitted, such false statements or omissions may be cause for rejection of my application or termination of my employment.						
Legal Last Name:		Lega	al First Name:			
Legal Middle Name						
Street Address:						
City:			State:			
Zip Code:						

Please list any additional addresses where you have	lived, worked, and at	tended schools during the past 7 yrs.
Street:		
City:		
Street:		
City:		State:
Street:		
City:		
Street:		
City:		State:
Street:		
City:		State:
Street:		
City:		State:
Other Name(s) Used and Date(s)		
Changed:		
Driver's License Number:	State Issued:	Expiration Date:
Social Security Number:	Date of Birth:	
I authorize a photocopy of this release to be accepted Humane HomeCare Agency, this release will remain		
Signature:		Date:
<u> </u>		

PLEASE RETURN APPLICATION TO:

Humane HomeCare Agency 3235 Kensington Avenue • Philadelphia, PA 19134