

**HOME CARE & COMPANIONS, INC.**  
308-382-3436 or 1-800-355-3537

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact Information**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle name: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Email \_\_\_\_\_ Home phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Msg: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

**Personal Information**

Social Security Number: \_\_\_\_\_ Gender: M / F

Have you ever been convicted of a crime other than minor traffic offenses? Yes / No

*If yes, please explain including disposition ( fines, probation, jail etc.) on back.*

**Employment History**

*Employment History for at least ten years*

| Date of Employment                        | Start: End:                |  | Start: End: |  | Start: End: |  | Start: End: |  |
|---|----------------------------|--|-------------|--|-------------|--|-------------|--|
|   | Name & Address of Employer |  |             |  |             |  |             |  |
| Name/Phone Number of Immediate Supervisor |                            |  |             |  |             |  |             |  |
| Your Title                                |                            |  |             |  |             |  |             |  |
| Ending Salary                             |                            |  |             |  |             |  |             |  |
| Reason for Leaving                        |                            |  |             |  |             |  |             |  |

May we contact the above employers: YES / NO

If No, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Education**

|                      | Name & Location of Institution | Type of Diploma/Degree | Did You Graduate? | Last Year Attended |
|----------------------|--------------------------------|------------------------|-------------------|--------------------|
| High School          |                                |                        |                   |                    |
| College/Trade School |                                |                        |                   |                    |

1. Have you applied for referral or been referred by Home Care & Companions in the past?

Yes / No If yes, please indicate date: \_\_\_\_\_

2. Home Care & Companions has clients throughout central Nebraska. Please indicate which areas you are willing to travel to:

\_\_\_\_\_ Grand Island & surrounding communities

\_\_\_\_\_ Hastings & surrounding communities

\_\_\_\_\_ Kearney & surrounding communities

\_\_\_\_\_ Other \_\_\_\_\_

3. Shifts Range from 4 hours to 24 hours a day.

\_\_\_\_\_ Mornings \_\_\_\_\_ 4 Hr

\_\_\_\_\_ Afternoons \_\_\_\_\_ 8 – 12 Hr

\_\_\_\_\_ Evenings \_\_\_\_\_ 24 Hr

\_\_\_\_\_ Overnights S M Tu W Th F Sa

Please keep in mind that flexibility in your choice of days, hours and travel increases your potential for referral.

4. Caregiving Experiences/ Training/Certificates/ Other Skills: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Can you assist with:

Lifting client with their assistance ? Yes / No

Lifting client without their assistance? Yes / No

Assist with bathing? Yes / No

If no to any of the above, please explain: \_\_\_\_\_

6. Will you care for:        Female / Male / Couple
7. Do you have experience with the following dietary requirements:  
Diabetic \_\_\_\_\_ Heart \_\_\_\_\_ Low Fat \_\_\_\_\_ Other \_\_\_\_\_
8. Tell me a little bit about your food preparation experience:  
What homemade foods can you prepare? \_\_\_\_\_  
What packaged foods? \_\_\_\_\_  
Do you use packaged foods only? \_\_\_\_\_
9. If your client needed this type of cleaning, what would you expect to do?  
Heavy duty \_\_\_\_\_  
Moderate \_\_\_\_\_  
Light \_\_\_\_\_  
Laundry \_\_\_\_\_
10. What are your personal and professional goals? \_\_\_\_\_  
\_\_\_\_\_
11. Do you have a reliable vehicle?        Yes / No  
Valid driver's license?                    Yes / No  
Car insurance?                                Yes / No
12. Will you work around pets? \_\_\_\_\_ If no, please explain \_\_\_\_\_
13. Do you have work restrictions/limitations you feel we should be aware of?        Yes / No  
If yes, please explain: \_\_\_\_\_
14. Have you read and understood the fact sheet?                    Yes / No
15. What date are you available to begin work with a client? \_\_\_\_\_

I certify that the answers given here are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

### Reference and Release of Information

I, \_\_\_\_\_ of \_\_\_\_\_  
Applicant Name Address

Hereby consent to the release of information from my employment records to enable clients of HOME CARE AND COMPANIONS, INC. to appropriately evaluate my work performance. I understand this information may contain opinions of my work habits and general character. I release any previous employer and / or acquaintance from any liability as a result of said information.

\_\_\_\_\_  
 Applicant Signature

\_\_\_\_\_  
 Date

References in addition to employers listed in application:

Please list past or present *employers/co-workers* which are different from those on the front page, *not* friends or relatives.

|              | Reference 1 | Reference 2 | Reference 3 | Reference 4 |
|--------------|-------------|-------------|-------------|-------------|
| Name:        |             |             |             |             |
| Years Known: |             |             |             |             |
| How Known:   |             |             |             |             |
| Address:     |             |             |             |             |
| Work Phone:  |             |             |             |             |
| Home Phone:  |             |             |             |             |

**NOTE:** *We must have at least three good work references for you. Please ensure that numbers provided are current and that the reference is willing or able to provide information about your work history and personal character. References that only provide dates of employment have no value for our purposes.*

**PLEASE RETURN TO:**

**HOME CARE & COMPANIONS  
 2443 West Faidley Avenue  
 Grand Island, NE 68803**