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###### WEC EMPLOYEE APPLICATION

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Degree (MA/BA) or Professional License or Certificate

 Yes No

Are you at least 18 years old? [ ]  [ ]  9 9

Are you authorized to work in the US? [ ]  [ ]

Are you able to drive clients in your own vehicle? [ ]  [ ]

Are you a smoker/ok with cigarette smoke? [ ]  [ ]

Are you ok with pets in clients’ homes? [ ]  [ ]

Do you have Personal Care/CNA experience? [ ]  [ ]

Do you have End of Life or Hospice experience? [ ]  [ ]

Do you have experience with dementia? [ ]  [ ]

Do you have experience with mental health/extreme states? [ ]  [ ]

Please share any other relevant experience, training, interests, or skills:

|  |
| --- |
|  |

Have you been convicted of a felony? If yes, please explain:

|  |
| --- |
|  |

Have you been terminated from a position(s) in the last 5 years? If yes, please provide name(s) of the employer,

the year, and the employer's stated reason for termination:

|  |
| --- |
|  |

How did you learn about Windhorse Elder Care?

|  |
| --- |
|  |

Do you speak any foreign languages fluently? If so, please list, including American Sign Language:

|  |
| --- |
|  |

Have you worked as a caregiver before? If so, for how long?

|  |
| --- |
|  |

Please select the employment types that interest you:

[ ] Administrative

[ ] Home Care- Companion Care

[ ] Home Care- Personal Care

[ ] Live-In Housemate

[ ] Leadership

[ ] Psych/Counseling

Please list 3 professional references:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Phone Number | Email Address | Relationship to you |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency Contact Person** | **Phone Number** | **Relationship** | **State** |
|  |  |  |  |

I certify that answers given above are true and complete to the best of my knowledge. I understand that false information in my application or interview may lead to termination. I authorize investigation of all references and statements as may be necessary to reach an employment decision.

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 Name of Applicant Date