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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:

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

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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:

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How did you learn about Windhorse Elder Care?

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

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

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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 |
|  |  |  |  |
|  |  |  |  |
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| --- | --- | --- | --- | --- |
| **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