

Holistic In Home Healthcare

Employment Application & Pre-Screen Questionnaire

Thank you for your interest in joining **Holistic In Home Healthcare!** We are looking for compassionate, dedicated caregivers to provide exceptional in-home care services. Please complete the form below to be considered for employment.

Step 1: Basic Information

Full Name: _____

Phone Number: _____

Email Address: _____

Home Address: _____

Preferred Method of Contact: ☐ Phone ☐ Email

Step 2: Position & Availability

Position Applying For: ☐ PCA ☐ Respite Caregiver ☐ Companion Caregiver ☐ Other:

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

What shifts are you available to work? (Check all that apply)

☐ Day Shift ☐ Evening Shift ☐ Overnight Shift ☐ Weekends ☐ Flexible

Step 3: Experience & Qualifications

Do you have previous caregiving experience? ☐ Yes ☐ No

If yes, how many years? ____

Do you have any of the following certifications? (Check all that apply)

☐ PCA Certification ☐ CNA License ☐ CPR/First Aid ☐ Other: _____

Are you comfortable working with clients with: (Check all that apply)

☐ Dementia/Alzheimer's ☐ Mobility Limitations ☐ Chronic Illnesses ☐ Hospice/End-of-Life Care

Step 4: Background & Pre-Screen Questions

Have you ever been convicted of a felony or misdemeanor related to caregiving or healthcare? ☐ Yes ☐ No

(If yes, please explain): _____

Are you willing to undergo a background check? ☐ Yes ☐ No

Are you willing to take a drug test if required? ☐ Yes ☐ No

Why do you want to work with Holistic In Home Healthcare?

Step 5: References

Please provide at least one professional reference:

Name: _____

Relationship: _____

Phone Number: _____

By submitting this application, I certify that the above information is true and correct to the best of my knowledge.

Signature: _____ **Date:** _____