



FHC

Freedom Home Care Employment Application -- Print Clearly Using Ink

Last Name		First Name & Initial		Home Phone		Other Phone	
Address				City		State	Zip
Social Security Number				Email Address			
Emergency Contact Phone number				Emergency Contact First and Last Name			

EDUCATION	Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4 Masters: 1 2 3					
	High School Name & Address					
	College Name & Address					
	Last Name While Attending (if other than current)			Degree or Certificate In:		Date Received
	Other Training (CNA, Etc.)					
	Have you successfully completed CPR training? <input type="checkbox"/> YES <input type="checkbox"/> NO				Completion Date	
	Are you currently certified to perform CPR? <input type="checkbox"/> YES <input type="checkbox"/> NO				Date Certified	

EMPLOYMENT REFERENCES	1. Current or Last Employer					Phone (include area code)	
	Address			City		State	Zip
	Nature of work			Supervisor			
	Job Title		Salary	Dates Employed	From	To	
	Reason for Leaving			May we contact this employer to obtain a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	2. Prior Employer					Phone (include area code)	
	Address			City		State	Zip
	Nature of work			Supervisor			
	Job Title		Salary	Dates Employed	From	To	
	Reason for Leaving			May we contact this employer to obtain a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	3. Prior Employer					Phone (include area code)	
	Address			City		State	Zip
	Nature of work			Supervisor			
	Job Title		Salary	Dates Employed	From	To	
	Reason for Leaving			May we contact this employer to obtain a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PERSONAL REFERENCES (No Family Related References Please)

Name			Name		
Address			Address		
City	State	Zip	City	State	Zip
Relationship (Friend, Minister, Etc.)			Relationship (Friend, Minister, Etc.)		
Years Known		Phone with area code	Years Known		Phone with area code



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Freedom Home Care Employment Application Page 2-- Print Clearly Using Ink

Are you 18 years of age or older?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you legally authorized to work in the United States?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Bedside nursing requires lifting and turning of patients from bed to chair, assisting with ambulating, bending over to give a bed bath or to make a bed, and may include light housekeeping activities such as vacuuming, dusting, etc. Do you have any physical, mental or medical disability that would prevent you from performing without assistance and in a reasonable manner the activities involved in the job for which you have applied?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever been convicted of a violation, misdemeanor or felony (excluding traffic violations)? If yes, please explain:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever worked for FHC Freedom Home Care in the past?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
How did you hear about FHC Freedom Home Care?		

Signature of Applicant

Date

EMPLOYEE PROFILE FORM

Name: _____

Do you drive? Yes No

Do you have your own car? Yes No Type of Car? _____

Are you allergic or do not like animals? Yes No Is so, what kind? _____

Do you smoke? Yes No How Often? _____

Are you looking for come and go? Yes No

Are you looking for live in? Yes No

What time of day can you work? (Please provide start and end time)

What days during the week can you work? (Please list all days you are available)

Do you currently have a job and what hours are you specifically working right now?

How far are you willing to travel for work? (Please be specific)

Do you have Internet access? Yes No

Do you have and use email? Yes No

Have you ever been hospitalized? If so, for what reason? And when? _____

Have you ever experienced a work injury? What type and when? _____

What are special interests or hobbies that you currently have or participate in? (sports: baseball, football, reading, politics, chess, history, art, music, etc) Please list: _____

Please describe your self and circle all that apply:

I am: _____

Outgoing	Talkative	Quiet	Proactive	Caring
Compassionate	Friendly	Hard Worker	Shy	
Experienced	Detail Oriented	Willing to learn	No Lifting	
Looking for training and experience	Organized	Great cook		
Very Skilled	Enjoys challenges	Enjoys learning new things		
Very creative	Do Not Cook	Do Not Clean	Can Lift	
Love animals	Ok with client that smokes	Alzheimer's experience		

Have you ever worked in a hospital? Yes No

Have you ever worked in a skilled nursing facility? Yes No

Have you ever worked for another home care agency? Yes No

HEALTH SERVICE WORKER PROFILE

Years in Healthcare field:	
CNA Certificate:	State Exam Completed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Where was CNA completed:	

CPR Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No
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References: (Name, Phone Number, Years known)

1.
2.
3.
4.

Dear Caregivers,

Thank you for your interest in working with Freedom Home Care.

Once you have completed your initial application online you must obtain all required documents and call FHC Office to schedule and complete your orientation. The orientation is approximately 8 hours long. Please call us at **847-433-5788** **Mon-Fri 8.30am-5pm** to schedule the Orientation. **We do not accept walk-ins.**

REQUIREMENTS FOR EMPLOYMENT APPLICATIONS

All employees must have the following to complete an application and orientation.

1. **Social Security Card**
2. **Picture I.D. or Drivers License** (if a driver)
3. **Auto Insurance** (if applicable)
4. **CPR Card** – if an applicant doesn't have one he/she can complete online www.cpraedcourse.com; the cost is \$19.99 and card is valid 2 years.
5. **TB Test** – Skin test is valid for 1 year; if positive Skin test Chest X-ray needs to be done – valid for 2 years
6. **Physical Exam** – required one time only
7. **C.N.A. Certificate** (if applicable)
8. **Work Authorization or Permanent Resident Card**
(If stated on Social Security Card)
9. **Fingerprint check** – if the applicant don't have one we will supply it for \$20. We accept cash or check
10. **Letter of recommendation/appreciation** (if applicable)
11. **Resume** (if applicable)

Freedom Home Care
1749 Green Bay Road
Highland Park, IL 60035
(847) 433-5788
Fax (847) 433-4044
www.freedomhomecare.net