



EMPLOYMENT APPLICATION

INSTRUCTIONS

1. Please complete this application in black or blue ink.
2. Answer all questions completely and honestly.
3. If a question does not apply, write "N/A."
4. Attach any additional pages if more space is needed.
5. Sign and date the application on the last page.
6. Submission of this application does not guarantee employment.

**Thank you for your interest in joining
Open Heaven Elderly Care LLC!**

Compassion • Dignity • Excellence



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1. PERSONAL INFORMATION

Full Name: _____

Date of Birth: _____ SSN: _____-____-____

Phone Number: _____

Email Address: _____

Current Address: _____

City / State / ZIP: _____

How long at this address? _____

Permanent Address (if different): _____

City / State / ZIP: _____

☐ Are you at least 18 years old? Yes ☐ No

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

Emergency Contact Name: _____

Emergency Contact Phone: _____



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2. POSITION INFORMATION

Position(s) Applying For: (Check all that apply)

- ☐ Caregiver/Home Health Aide ☐ Personal Care Assistant
☐ Companion Care ☐ CNA (Certified Nursing Assistant)
☐ LPN/RN ☐ Other: _____

Type of employment desired:

- ☐ Full-Time ☐ Part-Time ☐ PRN/As Needed ☐ Contract

Date available to start: _____

Days available:

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
☐ Friday ☐ Saturday ☐ Sunday

Preferred shift(s):

- ☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight ☐ Weekends
☐ Sleepover (12) ☐ Sleepover Weekends ☐ Companionship

Hours per week desired: _____

Have you worked for Open Heaven Elderly Care LLC before? ☐ Yes ☐ No

If yes, when? _____



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3. EDUCATION & CERTIFICATIONS

School Type	School Name	City/State	Major/Subject	Graduate?
High School				
Vocational/Technical				
College/University				
Other				

Relevant Certifications / Training

Certification	Issuing Organization	Date Obtained	Expiration Date

☐ CPR/First Aid ☐ CNA ☐ Medication Assistance ☐ Dementia Care ☐ Other

Additional training or life skills relevant to senior care:



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4. EMPLOYMENT HISTORY

List your most recent employers, starting with the most recent.

Employer #1

Company Name: _____

City/State: _____

Phone Number: _____

Job Title: _____

Supervisor's Name: _____

Dates Employed: From _____

To: _____

Job Duties: _____

Pay Rate: \$_____ per ☐ Hour ☐ Week ☐ Month ☐ Year

Reason for Leaving: _____

Employer #2

Company Name: _____

City/State: _____

Phone Number: _____

Job Title: _____

Supervisor's Name: _____

Dates Employed: From _____

To: _____

Job Duties: _____

Pay Rate: \$_____ per ☐ Hour ☐ Week ☐ Month ☐ Year

Reason for Leaving: _____



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4. EMPLOYMENT HISTORY (continued)

Employer #3

Company Name: _____

City/State: _____

Phone Number: _____

Job Title: _____

Supervisor's Name: _____

Dates Employed: From _____

To: _____

Job Duties: _____

Pay Rate: \$ _____ per ☐ Hour ☐ Week ☐ Month ☐ Year

Reason for Leaving: _____

☐ May we contact your current/most recent employer? ☐ Yes ☐ No

Current/most recent employer phone: _____



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5. PROFESSIONAL REFERENCES

Provide four professional references. Do not include relatives.

Full Name	Phone Number	Best Time to Call	Relationship	Years Known

6. SKILLS AND RELATED EXPERIENCE

Services you are willing and qualified to provide:

- ☐ Companionship ☐ Meal Preparation ☐ Activities/Games/Crafts
☐ Housekeeping ☐ Laundry/Ironing ☐ Medication Reminders
☐ Errands/Shopping/Transportation ☐ Personal Care ☐ Dementia/Alzheimer's Care

Related Skills

What personal rewards do you get from working with seniors? _____

Describe training or life skills that apply to caring for a senior: _____

Describe work history that would apply to caring for a senior: _____

What do you like most about working with older adults? _____

What would you like least about working with older adults? _____

least about working with older adults? _____



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7. INTERVIEW / SITUATIONAL QUESTIONS

1. What are your strengths and areas of opportunity for improvement?

2. What efforts have you made in the past 12 months to improve your skills?

3. What plans do you have in the next 12 months?

4. Tell us about a time you made a mistake. How did you handle it?

5. Tell us about your biggest challenge at work and how you overcame it.

6. Tell us about a time you saw an opportunity and took steps to act on it.

7. What do you hope to gain from this position if you are successful?



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8. WORKPLACE JUDGMENT & CLIENT CARE

8. Describe your relationship with your last supervisor. What were their strengths and areas for improvement?

9. What would your last supervisor say your strengths and areas for improvement were?

10. What are your 'hot buttons,' and how do you respond professionally?

11. Describe a serious difference of opinion with a coworker or supervisor and the outcome.

12. How would you respond if asked to do something against company policy?

13. When would it be appropriate to break a coworker's or client's confidence?

14. Why are you the right person for this position? What would you bring to the team?



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9. SAFETY, AVAILABILITY & PREFERENCES

15. How important is balance in your life, and how satisfied are you with your current balance?

16. How would you respond if a client became verbally or physically aggressive?

17. A client refuses care, such as bathing or taking medication. How would you respond?

☐ Driver's License & Reliable Transportation: ☐ Yes ☐ No

☐ Current Auto Insurance: ☐ Yes ☐ No

☐ First Aid/CPR: ☐ Yes ☐ No ☐ Update Needed

☐ Willing to work with: ☐ Dogs ☐ Clients who smoke

Areas willing to work:

☐ Talladega County/City ☐ Calhoun County ☐ Sylacauga ☐ Cleburne County

☐ Clay County ☐ Etowah County ☐ Shelby County ☐ St. Clair County

☐ Tallapoosa County ☐ Goodwater ☐ Childersburg ☐ Gadsden ☐ Birmingham

Maximum distance willing to drive: _____



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10. SECURITY, APPLICANT STATEMENT & SIGNATURE

If considered for hiring, will you agree to a criminal background check? ☐ Yes ☐ No

Background Check Fee: If selected for employment, I understand that I will be responsible for the initial background check fee. The fee will be reimbursed after I complete **60 days of employment**, subject to applicable law and company policy.

Will you agree to required drug screening, if applicable? ☐ Yes ☐ No

Have you had moving traffic violations? ☐ Yes ☐ No

If yes, explain: _____

☐ Have you been charged/convicted of a felony or misdemeanor, or served time? ☐ Yes ☐ No

If yes, explain: _____

Have you appeared on a child abuse registry in the last 5 years? ☐ Yes ☐ No

APPLICANT STATEMENT

I certify that the information provided in this application is true, complete, and correct to the best of my knowledge. I authorize Open Heaven Elderly Care LLC to verify information related to my application, including employment history, references, qualifications, and lawful background screening as permitted. I understand that this application is not a contract or guarantee of employment and that employment, if offered, is at will to the extent permitted by law.

Applicant's Signature: _____

Date: _____

Thank You for Your Interest!

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