



Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

Name		Date	
Street Address			
City		State	ZIP
Phone	Cell #	SSN	
If hired, can you prove you are eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Emergency Contact	
Name	Phone
Address	Relationship

I am applying for a position as a:	
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No	Will your Criminal History come back spotless? <input type="checkbox"/> Yes <input type="checkbox"/> No
If convicted, please provide details	

Transportation		
Many caregiver positions require the caregiver to transport a client, in the client's vehicle.		
Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Make and model of car:
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone
Have you had your driver's license suspended or revoked in the last three years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Availability		
Date available to start work:	Number of hours you would like to work each week:	
Times available to work	Times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Education		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates (Please be sure to include any medical licensing)		
Special skills or courses		

Experience
Discuss any training or experience working with the elderly or people in need
What would you like most about working with the elderly and people in need?
What would you like least about working with the elderly and people in need?

Skills						
Please indicate whether you have assisted with or performed the following tasks for seniors or people in need.						
Companionship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacuuming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Bathing/dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dusting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grocery shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grooming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean bathrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Transfer assist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed linen changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Employment History

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.

May we contact your current employer? Yes No

Are you now or do you expect to be engaged in any other business or employment other than your current employment position? Yes No

If Yes, please explain:

Company	From	To
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Job title	Reason left
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Duties

Supervisor	Phone
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Company	From	To
---------	------	----

Job title	Reason left
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Duties

Supervisor	Phone
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Company	From	To
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Job title	Reason left
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Duties

Supervisor	Phone
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Company		From	To
Job title		Reason left	
Duties			
Supervisor		Phone	
Company		From	To
Job title		Reason left	
Duties			
Supervisor		Phone	
Company		From	To
Job title		Reason left	
Duties			
Supervisor		Phone	
Personal References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

Are you willing to work when there are dogs in the client's home? Yes No
cats in the client's home? Yes No
Are you willing to work with a smoker? Yes No

PRIMARY APPLICANT AGREEMENT

Please be certain to read and sign the Primary Application Agreement.

The following agreement is for informational purposes. Safe Haven Care, Incorporated has the right to decide to hire any applicant. Applicant will agree to the following:

APPLICANT'S COMMITMENT

EMPLOYEE AT WILL. Applicant acknowledges that Safe Haven Care, Incorporated employs Applicant "at will" and that no employment promises have been made for any duration of time. Specifically, Applicant understands that Applicant may quit employment at any time with Safe Haven Care, Incorporated with or without notice. Similarly, Applicant understands that Safe Haven Care, Incorporated, may discharge Applicant at any time, without notice, for any lawful reason or no reason.

NON-DISCLOSURE AND LIMITED NON-COMPETE. Applicant agrees not to disclose any of Safe Haven Care, Incorporated, trade secrets or any confidential or proprietary information of Safe Haven Care, Incorporated, Safe Haven Care, Incorporated employees, or of clients and friends of Safe Haven Care, Incorporated. Applicant further agrees not to compete as a direct competitor to Safe Haven Care, Incorporated for a term of three (36) months after Applicant's final day of work at or with a competing company for a term of three (3) months after Applicant's final day of work at Safe Haven Care, Incorporated, unless written approval is acquired from and signed by both Safe Haven Care owners.

NON-SOLICITATION OF CORPORATION EMPLOYEES. Applicant agrees not to solicit Safe Haven Care, Incorporated, employees to work for any competing company while on assignment with Safe Haven Care, Incorporated and for a period of three (3) months thereafter.

DRUG SCREENS. Prior to hire and throughout employment with Safe Haven Care, Incorporated, Applicant consents to a urine, blood or breath sample for the purposes of an alcohol, drug, intoxicant, or substance abuse screening test. Applicant also gives permission for the release of the test results determining the fitness of employment or continued employment. Applicant will utilize clinics that are approved by Safe Haven Care, Incorporated.

BACKGROUND CHECKS. Before the Applicant is hired and throughout employment with Safe Haven Care, Incorporated, Safe Haven Care, Incorporated may, upon a facility's request, conduct background checks of any kind from any location for any purpose Safe Haven Care, Incorporated considers reasonable. Applicant also gives permission for the release of the results for determining the fitness of employment or continued employment.

EMPLOYMENT AND MEDICAL INFORMATION RELEASE. Safe Haven Care, Incorporated shall keep my employment and medical records confidential and shall advise any medical facility or other entity to which records have been provided to also keep such records confidential. I hereby hold Safe Haven Care, Incorporated, harmless for any result(s) that arise with regards to the release of this confidential information by Safe Haven Care, Incorporated.

TERMINATION. Applicant understands that if he/she leaves his/her assignment early for any reason or is terminated by Safe Haven Care, Incorporated, Applicant is expected to vacate company premises and is expected to vacate company provided housing within 24 hours, and will be responsible for the return of all costs incurred by Safe Haven Care, Incorporated for such termination. Applicant authorizes Safe Haven Care, Incorporated to deduct any incurred costs from their paycheck.

GENERAL

CHOICE OF LAW. This agreement will be construed in all respects according to the laws of the state of Oregon.

CONFIDENTIALITY OF AGREEMENT. Safe Haven Care, Incorporated, and Applicant will maintain the confidentiality and exclusivity of this Agreement.

AGREEMENT REVIEW. Safe Haven Care, Incorporated and Applicant agree that each party has fully read and reviewed this Agreement and should any ambiguities arise, the interpretation of the ambiguity will not automatically be that of the Applicant.

EQUAL OPPORTUNITY EMPLOYER. Safe Haven Care, Incorporated is an equal opportunity employer. Safe Haven Care, Incorporated does not discriminate in respect to hiring, firing, compensation, and all other terms and conditions of privileges of employment on the basis of race, color, national origin, sex, age or related medical conditions, or disability.

Applicant understands that this is not a complete listing of Policies and Procedures of Safe Haven Care, Incorporated. Complete details are included in the Safe Haven Care, Incorporated Policy and Procedures manual that will be given to the applicant upon hire.

PROFESSIONAL CONDUCT EXPECTATIONS

Your professional conduct and clinical performance on Safe Haven Care, Incorporated is vital to maintaining employment in good standing with Safe Haven Care, Incorporated. Toward that end we expect that you will adhere to the following Professional Conduct Expectations while on assignment for Safe Haven Care, Incorporated. Failure to meet these expectations could lead to your termination from the company.

- I will not discuss any elements of my compensation with anyone employed at Safe Haven Care, Incorporated or with any clients or friends of Save Haven Care, Incorporated.
- I will communicate with the management, staff and patients of the host facility in a respectful manner at all times.
- I will honor all terms of the primary applicant agreement.
- I will honor the policies and procedures of Safe Haven Care, Incorporated.
- I certify that I have read, understand and intend to comply with the Primary Applicant Agreement and Professional Conduct Expectations and that the facts contained in this application are true and accurate. I understand that any misrepresentation or omission of facts is cause for dismissal. I authorize the employer to investigate any and all statements contained herein and request the persons, firms, and/or corporations named above to answer any and all questions relating to this application. I release all parties from liability, including but not limited to, the employer and any person, firm or corporation who provides information concerning my prior education, employment or character.

PLEASE NOTE: BEFORE SUBMITTING APPLICATION, YOU MUST AGREE TO THE FOLLOWING:

I attest that the information provided in this application is complete and accurate, to the best of my knowledge. Providing incomplete or inaccurate information may result in disqualification from possible employment with Safe Haven Care, Incorporated, and may be a violation of state law(s) that could result in civil penalties. Safe Haven Care, Incorporated, is authorized to obtain information from my current and previous employers, and to release information in support of my application (application, references, background search results, etc.) to client institutions and to appropriate governmental or licensing entities. Safe Haven Care, Incorporated, may also share applicant information with its affiliates. I understand that Safe Haven Care, Incorporated, certain states and/or client institutions may require criminal background checks, and I consent to such checks. Prior to conducting any background checks that qualify as consumer or investigative consumer reports, I will be provided and will return, separate disclosure and acknowledgement forms as required by Safe Haven Care, Incorporated. I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

SIGNATURE: _____

DATE: _____

This application for employment will remain active for a limited time. Ask the organization representative for details.