

Employment Application Stay Home Companions, Inc.

Basic Information

Applicant Instructions

Please fill out all fields as completely as possible. If you need help or have questions, call us at Stay Home Companions: 269-382-3355.

Applicant Note: This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for termination of the application process or, if discovered after employment. All qualified applicants will receive consideration without discrimination because of sex, age, creed, national origin, or the presence of disabilities. Additionally, testing for the presence of illegal drugs in your body may be required prior to employment. All questions marked with an asterisk (*) must be answered.

*** Which position are you applying for?**

- Home Companion (Non-Medical Experience)
- Home Companion (Medical Experience)
- Accountant
- Office Worker
- Office Manager

*** When are you available to start?** MM/DD/YYYY

*** Can you provide a copy of your resume?** Yes - No (circle your response)

Wage/Salary requirement (per hour amount)? \$ _____.

Your Contact information:

*** First Name** *** Last Name**

*** Social Security Number** - - XXX-XX-XXXX (Used for Background Check)

*** Email address** (used for notification, need for info)

*** Home Phone Number** - - XXX-XXX-XXXX (please include area code)

Mobile Phone Number - - XXX-XXX-XXXX (please include area code)

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Current and Previous Address, Emergency Contact

Please provide a current and valid physical address where you reside along with any previous address you may have.

Current address

* Street Address

Address Line 2

* City * State/Province/Region

* Postal/Zip Code * Country

Previous address

* Street Address

Address Line 2

* City * State/Province/Region

* Postal/Zip Code * Country

Emergency Contact Information

First Name Last Name

Phone Number - - XXX-XXX-XXXX (please include area code)

Your Relationship to contact

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Education: High School, Vocational

*** Highest High School Grade completed:**

- Grade School 6th
- Grade School 7th
- Grade School 8th
- High School 9th
- High School 10th
- High School 11th
- High School 12th

Name of High School

City/State

Major Subject(s) studied

Did you graduate?

- Yes / High School Diploma
- Yes / GED
- No

Vocational School

Name of school

City / State

Major area of Study

How many years attended?

Did you graduate?

- Yes
- No
- N/A

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College / University

Name of College attended

City / State

Years attended (from/to)

Major area of studies

Did you graduate?

- Yes / Associates Degree
- Yes / Bachelors Degree
- Yes / Masters Degree
- Yes / PhD
- Not yet
- No
- N/A (Never attended College/Univ)

Name of College attended

City / State

Years attended (from/to)

Major area of studies

Did you graduate?

- Yes / Associates Degree
- Yes / Bachelors Degree
- Yes / Masters Degree
- Yes / PhD
- Not yet
- No
- N/A (Never attended College/Univ)

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Security Questionnaire

Answer the following questions truthfully - a full background check will be conducted in accordance with Michigan State Law.

* **Have you had any moving violations?** Yes - No (circle your response)

* **If yes, please explain**

* **Have you used any names / Social Security Numbers other than those on this application?**

Yes - No (circle your response)

* **If yes, please explain**

* **Have you been convicted of a felony and/or incarcerated in the past seven/7 years?**

Yes - No (circle your response)

If 'Yes', explain below. (A conviction will be judged on its own merits with respect to time, circumstances and seriousness of the incident.)

Please, state the incident, city/state, the charge and dates associated with the conviction (incident, conviction, and incarceration to/from dates).

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Drivers License Information

- * Valid Driver's License number
- * Driver's License issuing state?
- * Driver's License expiration date? MM/DD/YYYY
- * Make/Model/Year of your vehicle?
- * Auto Insurance Company (Auto Insurance is required when driving for Stay Home Companions)
 Ph#
- * Auto Insurance Policy number

Do you have any physical restrictions to driving?

- Yes
- No
- N/A

Do you have more than 3 moving violations or more than 1 (Chargeable) Accident in the past 36 months?

- Yes
- No
- N/A

Do you have any major convictions (drunk, drug or reckless driving) in the past 7 years?

- Yes
- No
- N/A

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Availability

* Please indicate the type/level of work which you would prefer (check all that apply)

- Full Time
- Part Time
- Days (i.e., 1st shift)
- Evenings (i.e., 2d shift)
- Overnights (i.e., 3rd shift)
- Live In

How many hours per week do you wish to work?

Please indicate the hours/days you are willing to work (available):

Sunday	start	<input style="width: 80px; height: 15px;" type="text"/>	end	<input style="width: 80px; height: 15px;" type="text"/>
Monday	start	<input style="width: 80px; height: 15px;" type="text"/>	end	<input style="width: 80px; height: 15px;" type="text"/>
Tuesday	start	<input style="width: 80px; height: 15px;" type="text"/>	end	<input style="width: 80px; height: 15px;" type="text"/>
Wednesday	start	<input style="width: 80px; height: 15px;" type="text"/>	end	<input style="width: 80px; height: 15px;" type="text"/>
Thursday	start	<input style="width: 80px; height: 15px;" type="text"/>	end	<input style="width: 80px; height: 15px;" type="text"/>
Friday	start	<input style="width: 80px; height: 15px;" type="text"/>	end	<input style="width: 80px; height: 15px;" type="text"/>
Saturday	start	<input style="width: 80px; height: 15px;" type="text"/>	end	<input style="width: 80px; height: 15px;" type="text"/>

Please indicate the areas of the county and the surrounding areas in which you are able to work: (check all that apply)

- North
- South
- East
- West
- Outside City Limits (Kalamazoo/Portage)
- Kalamazoo County
- Allegan County
- Van Buren County
- St. Joseph County
- Barry County
- Cass County
- Calhoun County

(Cont'd on next page)

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(Cont'd from previous page)

Are you able to perform the following services? (check all that apply)

- Companionship
- Meal Prep
- Walking/Standing/Lifting Assistance
- Dressing Assistance
- Laundry
- Housekeeping (Heavy)
- Housekeeping (Light)
- Transportation
- Running Errands

Do you have any reservations providing service to a client with a pet?

- No
- Yes (Dogs)
- Yes (Cats)
- Yes (Other)

Do you have any reservations providing service to a client who smokes?

- Yes
- No
- Maybe

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Personal References

Please enter the name, phone# (with area code), your relationship to the reference, and number of years known for three (3) references.

*** Reference #1**

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*** Reference #2**

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*** Reference #3**

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Employment References

Your application will not be considered unless each of the 3 references is appropriately completed. We make every effort to contact your previous employers, the correct phone #s for previous employers are essential. Enter "Does Not Apply", along with your initials in a reference box that does not apply.

Provide in each block; Company name, location (city/state), ph#, dates worked there. Also, add your job title and Supervisor's name.

*** Reference #1 (Most recent previous/current Employer) Indicate if still working there.**

*** Reference #2 (Next-most recent previous Employer)**

*** Reference #3 (Third-most recent previous Employer)**

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Job Related Skills

Note: Do not fill out any part of this section if you believe it to be job non-related. Please fill out any sections applicable to the best of your ability.

Describe any training you have had that applies to our services and/or care.

What do you like (or think you would like) about working with homebound clients?

What do you least like (or think you would least like) about working with homebound clients?

Any Additional comments (applicable to you or our service to homebound clients).

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CERTIFICATION AND RELEASE

I certify that I have read and understand that, I am the applicant on page one (1) of this application form and that the answers given by me to the foregoing questions and statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Stay Home Companions, Inc. and/or its agents, including consumer reporting bureaus to verify any of this information including but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. When company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

By your signature here you indicate you have Read and Agree to the Above Terms and Conditions.

Signature Date