



Dedicated to Exceeding Expectations...Always

An Equal Opportunity Employer

ALL INFORMATION MUST BE FILLED OUT COMPLETELY FOR YOUR APPLICATION TO BE CONSIDERED.

Welcome!! Before you start, please complete the checklist.

- Are you dressed in Scrubs or Business Attire?
 - Yes- Wonderful please continue filling out the application form.
 - No- Don't worry we can reschedule you for a different day. Please, let our receptionist know when you can come back.

APPLICATION INFORMATION

Print Full Name: _____ Today's Date: _____
Last First M.I

CURRENT ADDRESS:

Street _____ Apt. # (Optional) _____ City _____ State _____ Zip _____

Phone Number: _____ Email: _____

HOW DID YOU HEARD ABOUT US/WHO REFERRED YOU? _____

Have you ever worked at Always Best Care? YES NO What is your desired salary? _____/per hr.

EDUCATION, TRAINING AND EXPERIENCE

Education Information

TYPES OF SCHOOL	NAME OF SCHOOL	GRADUATION (YES/NO)
High School		
College/ Vocational (CNA, MA, CMA etc.)		

How many years of experience do you have working with the elderly? _____

Be Specific- Personal: _____ **Years:** _____ **Professional:** _____ **Years:** _____

Do you have any other experience, training, qualifications, or skills, which you feel make you especially suited for work at Always Best Care? (We describe experience of hands-on assistance in areas of transferring from wheelchair, bathing assistance, dementia care, etc.)

If so, please explain:

EMPLOYMENT

1. EMPLOYER NAME _____

Job title and duties: _____

Address: _____ Employers Phone Number: _____

Dates Employed (Start month & year) From: _____ To: _____

Supervisor Name & Title _____

May we contact your previous supervisor for a reference? **YES** **NO**

IF NO, WHY? _____

Reason for leaving _____

2. EMPLOYER NAME _____

Job title and duties: _____

Address: _____ Employers Phone Number: _____

Dates Employed (Start month & year) From: _____ To: _____

Supervisor Name & Title _____

May we contact your previous supervisor for a reference? **YES** **NO**

IF NO, WHY? _____

Reason for leaving _____

3. EMPLOYER NAME _____

Job title and duties: _____

Address: _____ Employers Phone Number: _____

Dates Employed (Start month & year) From: _____ To: _____

Supervisor Name & Title _____

May we contact your previous supervisor for a reference? **YES** **NO**

IF NO, WHY? _____

Reason for leaving _____

INDICATE YES BY CHECKING ALL ITEMS WHICH APPLIES TO YOU

Do you have your own working vehicle? **YES** **NO** Is your vehicle available for transporting clients? **YES** **NO**

*Are you currently covid-19 vaccinated? **YES** **NO** Do you have a current TB skin Test? **YES** **NO**

Are you able to work with **Cats** **Dogs** **None** Are you able to work with smokers **YES** **NO**

Are you able to work with **Female** **Male** **Both**

First Aid and CPR Certified? **YES** **NO** C.N.A. certified? **YES** **NO** D.S.W. Certified? **YES** **NO**

Any other Certifications? _____

These are the locations we service: East Baton Rouge, West Baton Rouge, Port Allen, Gonzales, Prairieville, St. Amant, Donaldsonville, Denham Springs, Zachary, Central, Baker, Walker, Scotlandville, etc.? **YES** **NO**

PERSONAL INFORMATION

Are you at least 18 years old? **YES** **NO** (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired, are you legally authorized to work in the U.S.? **YES** **NO**

Have you ever been convicted of a crime? **YES** **NO**

If yes, explain number of conviction(s), nature of offense(s), how recently such offense(s) was/were committed, and sentence(s) imposed, (A conviction will not necessarily result in the denial of employment):

Are you able to perform the essential function of the job for which you are applying? The job description is as follows: Employee is at times required to stand, walk, sit, stoop, and kneel. Employee must be able to lift, push, pull, transfer, and/or move up to 50 pounds without assistance and up to 300 pounds with assistance. (Some examples: Meal prep, light housekeeping, assist w/daily activities, personal care, dressing, laundry, change linens, lifting, accompany on errands/appointments, etc.) Are you able to perform all above essential functions of the job you are applying for? **YES** **NO**

If no, describe the functions that cannot be performed:

AVAILABILITY

Are you available for:

2 Hour Shifts? **YES** **NO** 12-hour shifts? **YES** **NO** Every Other Weekend? **YES** **NO** Live In? **YES** **NO**

Are you looking for **Full Time/ Part-Time**? _____

Date	Earliest Start Time	Latest End Time
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

DISCLAIMER AND SIGNATURE

I CERTIFY THAT MY ANSWERS ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release of employment at Always Best Care.

Always Best Care is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this depends solely on your qualifications.

I further understand that my employment with Always Best Care shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with Always Best Care is terminable at will for any reason by either party. I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Always Best Care permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Always Best Care from any liability as a result of such contract.

APPLICANT INFORMATION RELEASE

I am aware that ABC will schedule me based off the availability I am submitting, should I be hired on with ABC, however no amount of hours are guaranteed. I will be responsible for any shifts that are scheduled within my above stated availability. I am also aware that ABC’s service area covers ALL East Baton Rouge Parish, West Baton Rouge Parish, Ascension Parish and Livingston Parish. I may be asked to travel to any/all areas. I understand that it is a requirement to work in the parishes that ABC services. By signing this document, I am verifying my availability and the total weekly hours I am available to work with Always Best Care Senior Services. Should my scheduled shift be cancelled, I understand and agree that I will work another required shift that is assigned to me within my availability.

SIGNATURE: _____ DATE: _____