

CAMBRIDGE – Contract/Employee Work Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____ /HR

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Emergency Contact:

Name

Relationship

Street Address

City, State, Zip

Home Phone #

Work #

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Full Name: _____ **Relationship:** _____

Company: _____ **Phone:** _____

Address: _____

Previous Employment/Work

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$ _____ /HR **Ending Salary:** \$ _____ /HR

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

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

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$ _____ /HR **Ending Salary:** \$ _____ /HR

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

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

Company: _____ **Phone:** _____

Address: _____ **Supervisor:** _____

Job Title: _____ **Starting Salary:** \$ _____ /HR **Ending Salary:** \$ _____ /HR

Responsibilities: _____

From: _____ **To:** _____ **Reason for Leaving:** _____

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

Employee's/Contractor Current Job Description:

- Direct Client Care
- Supervisory
- Community Outreach
- Other:

Job Duties:

- Assist the patient on their everyday routine like taking a bath, eating, and walking .
- Assisting clients with grooming/dressing activities.
- Community Outreach
- Other:

Qualifications for Job (attach additional sheets if needed)

- CNA MA LPN PTC OTHER:
- 1st AID CPR OTHER:

TB TEST RECEIVED YES NO Positive Negative

- 1. Do you have a persistent cough? YES NO
- 2. Do you have unexplained weight loss? YES NO
- 3. Do you have a fever or night sweats? YES NO
- Have you ever been convicted of a crime? YES NO

Employee has received written policies and procedures:

- YES NO

AVAILABILITY

How many hours per week are you willing to work?

Please check your day-to-day availability.

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>	Morning <input type="checkbox"/>
Daytime <input type="checkbox"/>	Daytime <input type="checkbox"/>	Daytime <input type="checkbox"/>	Daytime <input type="checkbox"/>	Daytime <input type="checkbox"/>	Daytime <input type="checkbox"/>	Daytime <input type="checkbox"/>
Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>	Evening <input type="checkbox"/>
Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>	Night <input type="checkbox"/>
None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>	None <input type="checkbox"/>

- 1. Are you available to work LIVE-IN shifts with clients (*work and sleep at client's home for 2-3 days at a time*)
 YES NO
- 2. What age group(s) would you be most comfortable working with? 0-12 22-59 60-90
- 3. Were you privately hired, or do you have a client that you currently work with? YES NO
- 4. Are you willing to assist with activities outside of the home, such as going to the park, grocery store? YES NO
- 5. Are you able to transport clients in your vehicle YES NO Do you have a valid Driver's License YES NO
- 6. If so, please list you Driver's License Number:
- 7. Are you willing to fix meals and assist in feeding clients? YES NO
- 8. Are you willing to assist a client with personal care needs such as bathing? YES NO
- 9. Do you have a current CPR or First Aid certification? YES NO

- 10. Do you have the ability to provide physical assistance such as turning a client in bed, or transferring a client from a bed to a chair? YES NO
- 11. Do you have any physical limitations? YES NO
- 12. If Yes, please describe:
- 13. I hereby attest that the information on this application is both complete and accurate. I give permission for Cambridge Care to contact my personal and employment references. YES NO

IN YOUR OWN WORDS (There is no Right or Wrong answer):
Why Do You Want This Job?

What Will You Do for the Company to Ensure its Success?

Disclaimer and Signature

Have you ever abused, neglected, sexually assaulted, exploited, or deprived any person or subjected a person to serious injury as a result of intentional or grossly negligent misconduct. YES NO

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.

Signature: _____ Date: _____

OR Type Your Name Here to Sign: _____ Date: _____

DATE OF EMPLOYMENT/CONTRACT:

OFFICE USE ONLY

ACTION _____ **DATE** _____

REASON _____

COMMENTS _____

 Cambridge Management Signature

 Date