



PBH RESIDENTIAL CARE HOMES
Application for Employment
Pre-Employment Questionnaire / Equal Opportunity Employer

Personal Information

Date

Name: _____ Social Security #: _____
Last First Middle

Present Address: _____ DOB: _____
City State Zip

Phone #: _____ Secondary Phone #: _____ E-Mail: _____

Employment Desired

Position: _____ Date You Can Start: _____ Desired Salary: _____

Shift Desired: Monday - Friday: 1st = 6 a.m. - 2 p.m. 2nd = 2 p.m. - 10 p.m. 3rd = 10 p.m. - 6 a.m.
Weekend Saturday & Sunday: 1st = 6 a.m. - 6 p.m. 2nd = 6 p.m. - 6 a.m.

Are You Employed Now? Yes / No If no, why? _____ Are you legally authorized to work in the US? Yes / No

If yes, may we inquire about you from your present employer? Yes / No If yes: Employer Contact Name & Phone #: _____

How did you hear about us? _____

Education History

High School: _____ Years Attended: _____ Did You Graduate? Yes / No
Name Location

College: _____ Years Attended: _____ Did You Graduate? Yes / No
Name Location

Trade, Business or Vocational School: _____ Years Attended: _____ Did You Graduate? Yes / No
Name Location

List certifications you have earned: _____

Special Training: _____ Special Skills: _____

General Information

Have you worked in geriatric care before? Yes / No Why do you want to work with elderly people? _____

Have you worked in a Residential Care Home before? Yes / No If yes, what did you **like** about it? _____

Dislike about it: _____ Why? _____

Have you worked in a Nursing Home before? Yes / No If yes, what did you **like** about it? _____

Dislike about it: _____ Why? _____

Do you have a Food Handling License? Yes / No If no, will you get it? Yes / No Can you cook? Yes / No Rate yourself: Poor Average Excellent

Describe your disposition in 2 words: _____ Describe your work ethic in 2 words: _____

Are you self-motivated? Yes / No Can you anticipate things to be done or do you need a supervisor telling you what to do? Yes / No

Do you have own transportation? Yes / No Can you multi-task? Yes / No Can you take instruction? Yes / No Do you work well with others? Yes / No

Hobbies? _____ Have you received any commendations? Yes / No What? _____

Former Employers (List below last three employers, starting with last one first)

Date Month / Year Name, Address & Phone# of Employer Salary Position Reason for Leaving

From: _____

To: _____

From: _____

To: _____

From: _____

To: _____

References (Give below the names of three persons not related to you whom you have known at least one year.)

Name Address Business Contact # Years Known

1. _____

2. _____

3. _____

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature: _____ Date: _____

Do Not Write Below This Line

Interviewed by: _____ Date: _____

Remarks

Appearance: _____ Character Assessment: _____

Personality: _____ Ability: _____

Communication Skills?: _____ Geriatric Care Skills?: _____ Have good training in this field? _____

Are they teachable? _____ Attitude? _____ Works well with others? _____

Hired

Position: _____ Location: _____

Date & Time Will Report: _____ Salary Wages: _____

Is Accountable to: _____ Hired? Yes / No Date Hired: _____