

# Red Tree Employment Application

**Instructions:** If you need help filling out this application form or for any phase of the employment process, please notify the person who gave you this form and every reasonable effort will be made to meet your needs in a reasonable amount of time.

- ❖ Please read "Applicant Note" below.
- ❖ Complete all pages of application

**Applicant Note:** This application form is intended for use in evaluating your qualifications for employment with *Red Tree Home Care*, an independently owned and operated home care. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during this interview and on this form are grounds for terminating the application process or, if discovered after employment begins, terminating employment. All qualified applicants will receive consideration and will be treated throughout their employment without regard to race, color, religion, sex, national origin, age, disability, or any other protected class status under applicable law. Additional testing for the presence of illegal drugs in your body may be required prior employment. **ALL applicants must be 21 years of age or older.**

## PERSONAL INFORMATION

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Names Previously Used:

\_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_\_\_  
(Last) (First) (Middle)

Emergency Contact(s): \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Name) (Phones)

# Red Tree Employment Application

Have you ever applied here before? Yes/No If Yes, When? \_\_\_\_\_

Have you ever been employed here before? Yes/No If Yes, When? \_\_\_\_\_

How did you hear about our Red Tree Home Care Office? \_\_\_\_\_

Why are you interested in employment with us?

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## **AVAILABILITY**

Due to the nature of the business, **no guarantee** can be made as to the schedule or the number of hours worked. All positions are considered part-time employments.

What date are you available to begin work? \_\_\_\_\_

Please complete all areas of availability:

\_\_\_\_\_ Mornings      \_\_\_\_\_ Afternoons      \_\_\_\_\_ Evenings      \_\_\_\_\_ Overnight

\_\_\_\_\_ 24 Hour shifts      \_\_\_\_\_ Weekdays      \_\_\_\_\_ Weekends

Hours/Week Desired: \_\_\_\_\_

Please indicate the days of the week as well as the earliest and the latest times that you are available for work.

|                  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|------------------|--------|---------|-----------|----------|--------|----------|--------|
| <b>From</b><br>: |        |         |           |          |        |          |        |
| <b>To:</b>       |        |         |           |          |        |          |        |

## **Preferences** (you must be 21 and have a reliable vehicle)

Approximate distance you would be willing to drive from your homes to an assignment

\_\_\_\_\_ Miles Or \_\_\_\_\_ Minutes

**Reimbursed for mileage incurred when with clients, no from CAREGIVER'S HOME TO CLIENT'S HOME.**

Please indicate the types of services which you are willing to provide:

|                          |                             |                           |
|--------------------------|-----------------------------|---------------------------|
| Companionship            | Housekeeping(dust/vacuum)   | Errands/Shopping*         |
| Meal Preparations        | Laundry/Ironing             | Incidental Transportation |
| Activities(games/crafts) | Medication Reminders        | Dementia/Alzheimer's Care |
| Dressing Assistance      | Bathing/Grooming Assistance | Toileting Assistance      |

*\*In Order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle check will be conducted, and proof of insurance will be required\**

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Are you willing to provide service to a client with a pet? Yes/No If yes, Which One  
\_\_\_ Cats \_\_\_ Dogs

Are you willing to provide service to a client that smokes? Yes / No

## **JOB RELATED SKILLS**

Describe any training or life skills you have that would apply for caring for a senior: \_\_\_\_\_  
\_\_\_\_\_

Describe any work history that would apply to caring for a senior: \_\_\_\_\_  
\_\_\_\_\_

What would you like (or think you would like) most about working with older adults: \_\_\_\_\_  
\_\_\_\_\_

## **Education**

Please indicate highest grade completed:

Grade School: 6 7 8      Highschool: 9 10 11 12      College: 13 14 15 16 16+

| School Type          | School Name | City, State | Major/Subject | #Yrs Attended | Graduate |
|----------------------|-------------|-------------|---------------|---------------|----------|
| Highschool           |             |             |               |               | Y/N      |
| Vocational/Technical |             |             |               |               | Y/N      |
| College/University   |             |             |               |               | Y/N      |

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## WORK HISTORY

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

### Most Recent Employer

Are you currently working for this employer? Yes / No If Yes may we contact? Yes / No

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Company Name) (City) (State) (Phone Number)

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
(Job Title) (Supervisor's Name)

\_\_\_\_\_  
(Duties)

\$\_\_\_\_\_ Per \_\_\_\_\_  
(Salary) (Hour, Week, Month) (Reason for Leaving)

### Second Most Recent Employer

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Company Name) (City) (State) (Phone Number)

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
(Job Title) (Supervisor's Name)

\_\_\_\_\_  
(Duties)

\$\_\_\_\_\_ Per \_\_\_\_\_  
(Salary) (Hour, Week, Month) (Reason for Leaving)

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## **BACKGROUND**

As a Condition of employment all employees must be “Bondable”.

List states and countries of residence for the past (7) years:

\_\_\_\_\_

(State) (Country) (State) (Country)

\_\_\_\_\_

(State) (Country) (State) (Country)

Have you had any moving traffic violations? Yes/No If yes, please describe:

\_\_\_\_\_

Have you been convicted of a felony or misdemeanor? Yes/No If yes, please describe:

| <b>Incident</b> | <b>City/State</b> | <b>Result</b> |
|-----------------|-------------------|---------------|
|-----------------|-------------------|---------------|

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**Personal References** (Do not include relatives or former supervisors listed above in Work History)

Please complete all five references. Your application will not be considered unless five references are provided. Since we will contact these references, please notify them in advance.

| <b>Full Name</b> | <b>Phone Number</b> | <b>Email Address</b> | <b>Relationship</b> | <b>Number of Years Known</b> |
|------------------|---------------------|----------------------|---------------------|------------------------------|
| 1.               | H ( )<br>W ( )      |                      |                     |                              |
| 2.               | H ( )<br>W ( )      |                      |                     |                              |
| 3.               | H ( )<br>W ( )      |                      |                     |                              |
| 4.               | H ( )<br>W ( )      |                      |                     |                              |
| 5.               | H ( )<br>W ( )      |                      |                     |                              |

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**Certification and Release:** I certify that I have read and understand the applicant note page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of the facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company 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 damaged whatsoever for issuing this information. I release this company from any liability which might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I UNDERSTAND THAT THIS APPLICATION IS NOT A CONTRACT OF EMPLOYMENT. I ALSO UNDERSTAND THAT IF HIRED, REGARDLESS OF ANY ORAL REPRESENTATIONS TO THE CONTRARY, THE EMPLOYMENT RELATIONSHIP BETWEEN MYSELF AND **RED TREE HOME CARE** IS TERMINABLE AT-WILL, SO THAT BOTH COMPANY AND I REMAIN FREE TO CHOOSE TO END OUR WORK RELATIONSHIP AT ANY TIME FOR ANY OR NO REASON. ANY CHANGED IN THIS EMPLOYMENT RELATIONSHIP MUST BE MADE IN WRITING.

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**APPLICANT SIGNATURE**

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**DATE**