



CAP REVIVAL CARE
Your Best Health Is Our Greatest Achievement

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 this application in its entirety.
- Print clearly. Incomplete or illegible applications may not be accepted.
- If more space is needed to complete any question, use the comments section on the back.
- Application will be valid for 60 days.

APPLICANT NOTE: Please answer all appropriate questions completely and accurately. False or misleading statements during the 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 to employment.

Personal Information

Position(s) Applied For: _____ Today's Date: _____

Full Name: _____, _____, _____, _____
First Middle Last Suffix

Current Address: _____
City State Zip Code

Previous Address: _____
City State Zip Code

Social Security Number (SSN): _____ - _____ - _____ Date of Birth: _____

Email: _____ Phone: _____

Emergency Contact(s): 1. _____, _____, _____
Full Name Relationship Phone

2. _____, _____, _____
Full Name Relationship Phone

Level 2 Background Demographic Characteristics

Sex: _____ Race: _____ Hair Color: _____ Eye Color: _____ Height: _____
 Weight: _____

Desired Pay: \$ _____ Hourly

Do you have a valid driver's license? YES: OR NO: | If yes, Valid Driver's License No.

_____, State Issued: _____, Exp. Date: _____

Do you have valid vehicle registration and insurance? YES: OR NO: | If yes, Make &

Model of Vehicle: _____, Year of Vehicle: _____, Auto Ins. Co.: _____,

Policy No.: _____, Exp. Date: _____

Have you ever applied here before? YES: OR NO: | If yes, when? _____

Have you ever been employed here before? YES: OR NO: | If yes, when? _____

How did you hear about CAP REVIVAL CARE LLC? _____

Do you understand the job description for the position for which you have applied? YES: OR NO:

Are you able to perform the essential functions of the job for which you are applying, or without a reasonable accommodation? YES: OR NO:

Why are you interested in employment with us? _____

Availability

Due to the nature of the business, no guarantee can be made as to the schedule or the number of hours worked.

What date are you available to begin work? _____

Please select all shifts of availability:

Morning Shift: , Afternoon Shift: , Evening Shift: , Overnight Shift: , Weekday Shift:

Weekend Shift:

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

| Shifts | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-----------------|--------|--------|---------|-----------|----------|--------|----------|
| From: (Time) | | | | | | | |
| To: (Time) | | | | | | | |

Preferences

Please indicate all areas of the city in which you are willing to work:

Hillsborough County: , Pasco County: , Manatee County: , DeSoto County: , Sarasota County:

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

| | | |
|--|---|---|
| <input type="checkbox"/> Transportation/Errands/Shopping | <input type="checkbox"/> Companionship | <input type="checkbox"/> Light Housekeeping |
| <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Respite | <input type="checkbox"/> Personal Care |
| <input type="checkbox"/> Activities | <input type="checkbox"/> Medication Reminders | <input type="checkbox"/> Dementia/ Alzheimer's Care |

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 record check will be conducted, and proof of insurance will be required.

Are you willing to provide service to a client with a pet? YES: OR NO:

Are you willing to provide service to a client who smokes? YES: OR NO:

Employment Eligibility

Are you willing and able to pass a Level II Background Check and Local Law Background Check? YES: OR NO:

Are you willing:

- To travel at least 25%? YES: OR NO:
- To service clients in the SUNCOAST REGION? YES: OR NO:

Are you at least 18 years old? YES: OR NO:

Are you a U.S. citizen? YES: OR NO:

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

Place of Birth: _____

Have you ever been charged/convicted of a felony and/or misdemeanor, and/or served time in jail/prison? YES: OR NO: | If yes, please describe:

| No. | Incident | City/ State | Charge | Disposition |
|-----|----------|-------------|--------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Have you ever been charged as a perpetrator or appeared on any child abuse registry in the last 5 years? YES: OR NO:

Assurance

Please ensure that the Local Law Background Check Consent Form and the Privacy Policy Acknowledgement Form are completed along with the Employment Application, enabling the agency to conduct a criminal background and motor vehicle history check accordingly.

- ▶ Forms are accessible at www.caprevivalcare.com, via the header of the agency's homepage under "Join Us."

As a condition of employment, all workers must be “Bondable” & “Insurable.” Are you at least 18 years of age? YES: OR NO:

Have you had any moving traffic violations? YES: OR NO: | If yes, please describe:

| No. | Incident | City/ State | Charge | Disposition |
|-----|----------|-------------|--------|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

List states and counties of residence for the past seven years:

| No. | State | County | Dates | |
|-----|-------|--------|-------|-----|
| | | | From: | To: |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

Job-Related Skills

Describe any training or life skills you have that apply to caring for seniors or people with disabilities:

Describe any work history you have that would apply to caring for seniors or people with disabilities:

What do you like (or think you would like) most about working with seniors or people with disabilities:

What do you like (or think you would like) least about working with seniors or people with disabilities:

What personal rewards do you get from working with seniors or people with disabilities:

Education

Please select the highest grade completed:

High School: , GED: , Vocational/ Technical: , College/ University:

| School Type | School Name | City, State | Major/Subject | Yrs. Attended | Graduated |
|----------------------|-------------|-------------|---------------|---------------|---|
| High School/ GED | | | | | Y <input type="checkbox"/> / N <input type="checkbox"/> |
| Vocational/Technical | | | | | Y <input type="checkbox"/> / N <input type="checkbox"/> |
| College/University | | | | | Y <input type="checkbox"/> / N <input type="checkbox"/> |

For employment, the minimum education requirement is either a High School Diploma or a General Educational Development (GED) certificate.

Select the license or certifications that you hold as valid status: R.N. , C.N.A. , H.H.A. , Heartsaver First Aid CPR AED Certificate , OTHER _____.

Work History

It is essential that you respond to all inquiries in this section. We will make diligent efforts to contact your former employers; therefore, please ensure that you provide accurate telephone numbers for their contact information.

MOST RECENT EMPLOYER

Are you currently employed by this company? YES: OR NO: . If so, may we contact them? YES: OR NO:

| | | | | | |
|----------------|------|------|-----------|-----------------|--------------|
| Company Name | | City | | State | Phone Number |
| | From | To | | | |
| Dates Employed | | | Job Title | Supervisor Name | |
| Duties | | | | | |

SECOND MOST RECENT EMPLOYER

| | | | | | |
|----------------|------|------|-----------|-----------------|--------------|
| Company Name | | City | | State | Phone Number |
| | From | To | | | |
| Dates Employed | | | Job Title | Supervisor Name | |
| Duties | | | | | |

THIRD MOST RECENT EMPLOYER

| | | | | | |
|----------------|------|------|-----------|-----------------|--------------|
| Company Name | | City | | State | Phone Number |
| | From | To | | | |
| Dates Employed | | | Job Title | Supervisor Name | |
| Duties | | | | | |

FOURTH MOST RECENT EMPLOYER

| | | | | | |
|----------------|--|------|-----------|-----------------|--------------|
| Company Name | | City | | State | Phone Number |
| From | | To | | | |
| Dates Employed | | | Job Title | Supervisor Name | |
| Duties | | | | | |

References

Please list at least two (2) managers, supervisors, or coworkers who are familiar with your work in customer service, patient care, or in a developmental disability setting. (Do not include relatives)

| No. | Full name | Phone Number | Best Time of Day to Call | Relationship | No. of Years Known |
|-----|-----------|--------------|--------------------------|--------------|--------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |

CERTIFICATION AND RELEASE: I hereby certify that I have thoroughly read and comprehended the applicant note on page one (1) of this employment application. I affirm that the responses provided to the questions and the statements made therein are complete and honest to the best of my knowledge and belief. I acknowledge that any false information, omissions, or misrepresentations in this application may result in its rejection or my termination at any point during my employment. I grant permission to the company and/or its representatives, including consumer-reporting agencies, to verify any of the information provided, including, but not limited to, criminal history and motor vehicle records. Additionally, I authorize all individuals, educational institutions, corporations, and law enforcement authorities to disclose pertinent background information and to be released from liability for releasing such information. I hereby release this company from any liability that may arise from these investigations. I understand that the use of illegal drugs is prohibited during employment and consent to undergo drug testing both prior to and during my employment. I recognize that this application does not constitute a binding employment contract. My employment is contingent upon the verification of my credentials and the successful completion of a drug test or background check. If employed, regardless of any oral contrary statements, the employment relationship with CAP REVIVAL CARE LLC is at will, meaning that either party may terminate it at any time and for any reason. Any modifications to this employment arrangement must be documented in writing. My signature below signifies that I have read, understood, and agree to the foregoing statements. I also acknowledge that, due to the nature of the business, no level of work can be assured.

Signature: _____ Date: _____

Please sign and date your full name above with a black pen: wet signatures **ONLY** (no typed or digital signatures permitted).