

Application for Employment: Home Care Options

HCO Cares, Inc. (Home Care Options) is an Equal Opportunity Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.

Instructions: Complete the entire application. Please fill out each box (don't just indicate "See Resume.") Applications with missing or invalid job numbers will not be considered for any position. **Please mail back to:** Home Care Options, P.O. Box 1484 Southampton, PA 18966. Phone: 215-947-8866 Fax: 215-947-8866

Date of Birth ____/____/____ mo./day / year	Name (Last, First, Middle):	Other names under which you have attended school or been employed:	
Street Address:		City, State & Zip:	
Social Security Number: (Must see card) ____-____-____	Home Phone:	Cell Phone:	Other Phone:
Are you eligible to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what is your current age?	
Are you currently employed in the home care industry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, describe?	
Have you lived in Pennsylvania for more than 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, what state are you from and how long have you lived there:	
Are you related to any current company employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, their name & their relationship to you?	
If required for position, do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, State of issuance, license #, and expiration date:	
How did you learn about this employment opportunity at Home Care Options? Check all that apply:			
<input type="checkbox"/> Ad in <i>newspaper</i> <input type="checkbox"/> Job Bulletin (Posting) or Website <input type="checkbox"/> Ad in <i>magazine</i> <input type="checkbox"/> Referral by employee (Name of Employee) <input type="checkbox"/> Other:			

Do you have a copy of your Pennsylvania issued C.N.A. Certificate? Yes No _____

If you have taken an H.H.A. course, then where was it taken? _____

What areas are you willing to travel to? _____

Available Hours? _____

Are you interested in Live-In work? Yes No

Have you ever been convicted of a crime, or been in prison? Yes No

References (Home Care Cases/ Business References/Agencies Worked for) Please Provide Phone Number:

1. _____

2. _____

3. _____

I hereby admit that I understand that I am an independent contractor; and I realize that I am responsible for my own Taxes:
 Applicant Signature: _____ Date: _____