

## PRE-APPLICATION FOR EMPLOYMENT

LAST NAME	FIRST	MII	DDLE	
PRIMARY CONTACT PHONE	SE(	SECONDARY PHONE		
ADDRESS				
LIST ALL COUNTIES, STATES & COUN	TRIES YOU HAVE LIVED IN (PAST TE	EN YEARS)		
SOCIAL SECURITY #	ARE YOU	J AT LEAST 18 YEARS OF AG	E? (CIRCLE ONE) YES NO	
HAVE YOU EVER APPLIED WITH OR V	VORKED FOR HOME BY CHOICE?	NO YES, WHEN		
CURRENTLY EMPLOYED? NO YES	S, WHERE		HOW LONG	
LIST ANY/ALL PREVIOUS HEALTHCAR	E EMPLOYERS			
DESIRED HOURLY WAGE		<del></del>		
CIRCLE ALL CERTIFICATIONS THAT YO <u>CPR CERT</u> <u>FIRST AID CERT</u>		ROVIDE COPIES OF:  DS CERT ALZHEIMERS CERT	MED TECH CERT	
A.H.C.A. BACKGROUND CHECK W/ FI	NGERPRINTS COMPLETED? YES	NO IF YES, WHEN		
APPLICANTS MUST CURRENTLY HAV	/E/HOLD THE FOLLOWING: "ELIC	GIBLE" A.H.C.A. BACKGROU	ND CHECK, CPR	
CERTIFICATION, HIV/AIDS 1 HOUR TE LICENSE. UPON REQUEST, HOME BY				
CAN BE EARNED.				
THE POSITION YOU ARE APPLYING FOR				
DO YOU HAVE A VALID FL DRIVER'S I	ICENSE? YES NO DO YO	OU HAVE CURRENT AUTO IN	SURANCE? YES NO	
LIST ANY TRAFFIC CITATIONS THAT Y	OU HAVE RECEIVED WITHIN THE	PAST THREE YEARS		
HOURS OF AVAILABILITY – The servi	ces we provide are usually provide	ded in the homes of our clie	ents. The hours of care	
that we provide to our clients varies	from person to person and is bas	sed on their individual need	s. It is for this reason	
that Home by Choice does not offer your hours of availability, our hiring	•	•	•	
SIGNATURE		DATE		

THIS IS AN APPLICATION FOR EMPLOYMENT SCREENING ONLY. PRIOR TO EMPLOYMENT COMPLETION OF A FULL APPLICATION OF EMPLOYMENT IS REQUIRED.