



Referred by:

Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Important Note: *This form should be completed carefully and fully. Please answer all questions thoroughly to the best of your ability and write legibly.*

(Incomplete application will not be processed!)

Name:	<input type="text"/>	Date Field	<input type="text"/>
Physical Address:	<input type="text"/>		
Previous Address if less than 5 years at current physical address	<input type="text"/>		
Mailing Address:	<input type="text"/>		
Email Address:	<input type="text"/>		
Home Phone Number:	<input type="text"/>	Cellular Phone:	<input type="text"/>
Social Security Number:	<input type="text"/>	Alternate Phone:	<input type="text"/>

Emergency Contact

Name:	<input type="text"/>	Phone:	<input type="text"/>
Address:	<input type="text"/>	Relationship:	<input type="text"/>

I am applying for a position as a: Are you 18 years old or older? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please provide details:

Transportation

(Many Caregiver positions require the Caregiver to transport a Client.)

Do you have dependable transportation?	<input type="radio"/> Yes <input type="radio"/> No	Make and Model of Car:	<input type="text"/>		
License Plate #:	<input type="text"/>	Driver's License #:	<input type="text"/>		
Auto Insurance Policy #:	<input type="text"/>	Insurance Company:	<input type="text"/>	Insurance Phone:	<input type="text"/>
Have you had any moving violations in the past three years? If so, How many?	<input type="text"/>	Have you had any moving violations in the past three years? If so, How many?	<input type="text"/>		

Availability

Days and Hours you are available to work:

Days

Hours

Amount of Wage currently getting
or Last Paid:

Wage currently seeking:

Are you available to work on holidays? Yes No Can you be called at the last minute in case of emergency? Yes No

Date available to start work:

Shift Preference:

Morning Shift

Evening Shift

Servicing All Districts of Oahu

Which of the following areas can and will you travel to?

Leeward Coast: (Eva Beach, Kapolei, Makakilo,
Nanakuli, Waianae, Makaha)

Central: (Waehiwa, Mililani, Waipahu, Waipio,
Waikele, Pearl City, Pearlridge, Aiea)

Windward Coast: (Kualoa, Kailua, Kaneohe, Waimanalo)

Downtown: (Honolulu, Kalihi, Nuuanu, Kaimuki, Waikiki)

North Shore: (Wailua, Hale'iwa, Waimea, Kahuku, Laie,
Punalu'u)

East Honolulu: (Kahala, Aina-Haina, Niu Valley, Hawaii Kai)

Experience

For Caregiver Applicant: Briefly describe any training or experience working with the elderly or special needs individuals:

For Administrative Applicant: Briefly describe any training or experience working in the Home Care Industry?

Please describe any Skills, Strength and Attributes that people like about you, which make you a good candidate to be a part of the InfiniteCare-Plus family.

For Caregiver Applicant: What would you like most about working with the elderly or special needs individuals and why?

For Caregiver Applicant: What would you like least about working with the elderly or special needs individuals and why?

Education

High School

City/State

Dates

College

City/State

Dates

Professional School

City/State

Dates

Other

City/State

Dates

Degrees/Certificates

Special Skill or Courses

Employment History

(Please go back at least five (5) years and tell us about your work history, Use reverse side of sheet if additional space is required.) Please begin with the most recent employer.

May we contact your current employer?

Yes

No

Company Name & Address:

Employment Dates

From

To

Job Title

Pay Rate

Start:

Last:

\$ Per Hour/Month

\$ Per Hour/Month

Duties

Reason for leaving: (Be Specific)

Supervisor

Phone

Company Name & Address:

Employment Dates

From

To

Job Title

Pay Rate

Start:

Last:

\$ Per Hour/Month

\$ Per Hour/Month

Duties

Reason for leaving: (Be Specific)

Supervisor

Phone

Company Name & Address:

Employment Dates

From

To

Job Title

Pay Rate

Start:

Last:

\$ Per Hour/Month

\$ Per Hour/Month

Duties

Reason for leaving: (Be Specific)

Supervisor

Phone

Business References

(Minimum of 2 work related)

Name:	<input type="text"/>	Address	<input type="text"/>	Relationship/ Years Known	<input type="text"/>	Phone Number	<input type="text"/>
Name:	<input type="text"/>	Address	<input type="text"/>	Relationship/ Years Known	<input type="text"/>	Phone Number	<input type="text"/>
Name:	<input type="text"/>	Address	<input type="text"/>	Relationship/ Years Known	<input type="text"/>	Phone Number	<input type="text"/>

Personal References

(Minimum of 2 personal related)

Name:	<input type="text"/>	Address	<input type="text"/>	Relationship/ Years Known	<input type="text"/>	Phone Number	<input type="text"/>
Name:	<input type="text"/>	Address	<input type="text"/>	Relationship/ Years Known	<input type="text"/>	Phone Number	<input type="text"/>
Name:	<input type="text"/>	Address	<input type="text"/>	Relationship/ Years Known	<input type="text"/>	Phone Number	<input type="text"/>

Certification and Release:

I certify that I have read and understand the application form and that the stated and indicated answers to the foregoing questions and statements made by me are complete true in fact and no misrepresentation of myself has been made to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of this application and/or discharge at any time during my employment. I authorize InfiniteCare-Plus and/or its' agents, including consumer reporting bureaus, to verify any 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 damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during my employment and that I am not in any way, shape or form at present in the possession or use of illegal drugs and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during my employment.

Employment Agreement Clarification:

This application is not an employment agreement. If I accept an offer of employment, I understand that InfiniteCare-Plus may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the Agency has the authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer. I fully understand and accept all the terms and conditions in the above statement.

Applicant's Signature

Date

InfiniteCare-Plus believes that the information solicited from the applicant is in full compliance with all Federal and State equal employment laws and with the Fair Credit Reporting Act. We do not assume responsibility for the user's inclusion in this "Application for Employment" of any question which may violate Federal, State or Local Laws and users should consult their own Council with respect to any legal questions concerning the use of this form.

Application Expiration: This application will expire in 60 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.