

Circle of Life HomeCare
& Supportive Care
6919 N Knoxville Ave Suite 102
Peoria, Il 61614

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Policy: It is the policy and practice of the company to abide by all anti-discrimination laws provided for by federal, state, and local statutes and regulations. It is also the policy and practice of the company to provide and promote equal employment opportunities for all applicants and employees. It is also the policy and practice of the company to hire, train, promote, compensate, and administer all employment practices without regard to race, religion, sex, national origin, age, marital status, medical condition, veteran committed to complying with the American with Disabilities Act. If you believe that you need a reasonable accommodation in order to apply for or to complete an application for employment due to the fact you have a disability, please notify the company within three (3) days of your application of your specific needs for a reasonable accommodation so that the company may assist you where appropriate. If an applicant request an accommodation for purposes of completing the job application process, the company reserves the right to require the applicant to furnish documentation for an appropriate professional confirming that the applicant has a disability or concerning their functional limitations for which a reasonable accommodation exist.

In order that your application may be properly evaluated, it is essential that all of the following questions be answered carefully and completely. Feel free to add any additional information which will help us in placing you where you are best qualified. Please print in ink.

(PLEASE PRINT CLEARLY)

ANSWER ALL OF THE QUESTIONS CAREFULLY AND COMPLETELY

Name:

Last First Middle

Current Address: _____

No. Street Apt# City State Zip Code

How long have you lived at this address? _____ If less then 2 years list your previous addresses:

Previous address if any Previous address if any

Home Telephone No: _____ How long have you had this number? _____

Cell Telephone No: _____ How long have you had this number? _____

Alternate Phone Number: _____ Who will answer this phone: _____.

Position applying for: Mark only one Homemaker (certified as a CNA) CNA LPN RN

1) Are you 18 years of age or older? Yes No 2) Do you have a current drivers License? Yes No

3) Do you own your own vehicle Yes No 4) What year is your vehicle? _____

5) What is your method of transportation if your vehicle breaks down? _____



Note: If it is necessary for you to have guaranteed full time employment, raises, vacation pay, please evaluate if Circle of Life is your choice of employer.

1) Is it necessary for you to work 40 hours per week? yes No

2) Date you are available to start? _____

- 3) Have you ever worked in Home Health before? Yes No
- 4) Have you ever worked at Circle of Life before? Yes No
- 5) How did you learn of Circle of Life? TV Phone Book Friend Circle of Life employee
- 6) How many days were you absent in the last 6 months of employment? _____



Circle of Life hires employees based on current client needs. “Shifts” for CNA and Homemakers are rarely 8 hours and are not set like facilities. Most shifts are 4 -6 hours and can have a start and stop time that varies through out the day. i.e. 11AM – 3PM, 10AM – 7PM etc. Clients may also only need help 2-3 times a week, while other clients may need help 7 times a week. Note – as an employee it is your responsibility to work around the clients schedule not the client’s responsibility to work around the employee’s availability. **NOTE AS AN EMPLOYEE THE AMOUNT OF HOURS YOU WOULD RECEIVE WOULD BE BASED ON YOUR ABILITY TO WORK THE HOURS THE CLIENTS REQUEST.**

I HAVE READ THIS NOTE YES NO

Mark the following as to the days, evening, nights you can work.

Note: even though the format of this availability section is marked in days, evenings, nights do not assume these are 8 hour shifts. This is used as a tool only.

<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday
<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days	<input type="checkbox"/> Days
<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings	<input type="checkbox"/> Evenings
<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights	<input type="checkbox"/> Nights

The absolute earliest I can start a day shift is _____ I must be off by _____, or 0 I am open to any hours
 The absolute earliest I can start an evening shift is _____ I must be off by _____ or 0 I am open to any hours
 The absolute earliest I can start a night shift is _____ I must be off by _____, or 0 I am open to any hours

I will travel to the following areas (Mark all that apply) Morton Peoria Washington Pekin

Have you ever convicted of a felony? Yes No

Have you ever been charged with a sex crime? Yes No

Have you ever been convicted of abuse against a child, disabled adult, senior? Yes No

Are you currently or have you ever been involved in an investigation by DCFS? Yes No

Have you ever convicted of a misdemeanor, or any other offense other then a minor traffic offense? Yes No

If Yes explain: _____

Note: An answer of “yes” will not disqualify any applicant for consideration for a job: rather, such information is only relevant to the job application process in terms of whether or not the conviction(s) has a direct relationship to the job for which you are applying and whether it would pose an unreasonable risk to property, safety, employees, or clients.

Bonding is a condition of employment for positions at Circle of Life. Have you ever been denied employment as a result of the inability to bond you as an employee? Yes No

RECORD OF EDUCATION

Type	Name and Location of School	No. of Years Attended	Degree Awarded	Major Field
High School				
CNA Training				
College				

REFERENCES (Do not list relatives or friends) You may list present or past co-workers, professionals you know, etc.

Name	Occupation	Phone No & Alternate phone Number	How do you know this person

Minimum starting income expected?

I will only work for \$ _____ per hour

I am willing to negotiate wages Yes No

If you are a CNA do you have, or have you had any disqualifying offenses? Yes No

If the answer is yes have you been issued a waiver? Yes No

Note: if you are offered employment, all orientation and training to cases play less than your quoted salary

If you are a nurse have you had any disciplinary actions against your license? Yes No

Please note any experience you would like us to be aware of: _____

EMPLOYMENT HISTORY FOR THE PREVIOUS FIVE (5) YEARS

List all present and past employment, beginning with your most recent position. You may attach a resume to the application, but it is essential that all of the following questions be answered. Please fill in all blanks.

Present Employer: _____ Position: _____

Address: _____
No Street City State Zip Code

Who did you report to? _____ Pay rate: Start _____ Current: _____

Telephone No. _____ Employment dates: From _____ To: _____

Describe Duties: _____

Reason for leaving? _____

Present Employer: _____ Position: _____

Address: _____
No Street City State Zip Code

Who did you report to? _____ Pay rate: Start _____ Current: _____

Telephone No. _____ Employment dates: From _____ To: _____

Describe Duties: _____

Reason for leaving? _____

Present Employer: _____ Position: _____

Address: _____
No Street City State Zip Code

Who did you report to? _____ Pay rate: Start _____ Current: _____

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Who did you report to? _____ Pay rate: Start _____ Current: _____

Telephone No. _____ Employment dates: From _____ To: _____

Describe Duties: _____

Reason for leaving? _____

May we contact the employers listed above? Yes No If not, indicate which one(s) we can contact.

Sign _____ Date _____