

Employee Application Form

First Name:			
Last Name:			
Street Address:			
City:	State:	Zip:	
Phone Number:			
Email Address (Required):			
Date of Birth:			
Are you a smoker? (To determine placer □Yes □ No	ment with clients, not h	ring.)	
Availability (Please Check All that A □ Full-Time Day Shift □ Full-Time Night Shift □ Part-Time Day Shift □ Part-Time Night Shift □ PRN (Per Required Need) □ No Preference	Apply):		
What are the minimum hours you need o	each week?		
How far are you willing to drive for a 12	2 hour shift? (enter hou	rs)	
How far are you willing to drive for a 3	hour shift? (enter hours)	
Are you available weekends? □ Yes □	No		
If you do not live in Kentucky, are you v □ Yes □ No	willing to drive to NKY	for work?	

Is there a specific position you are applying for?
If a current employee referred you to us, please provide their name:
Education—Please Select Highest Level Completed:
□ Some High School
☐ Graduated High School
□ GED
□ Some College
☐ Graduated College
Transportation Information:
Do you drive? □ Yes □ No
Do you have a dependable car? □ Yes □ No
Do you have a Valid Driver's License: ☐ Yes ☐ No
Do you have Current Car Insurance: ☐ Yes ☐ No
Experience (Please check all that apply):
\square C.N.A.
☐ Home Health Aide
☐ Home Care Experience
☐ Long Term Care Experience
□ Other
If "Yes" please specify:
Additional Qualifications:
Please add any additional qualifications here, in detail.

CONNECTING HEARTS HOME CARE – Employment Application Form (page 2)

Thank you for taking the time to fill out this form! Please email it to info@connectinghearts.net with a subject titled: **Employee Application Form**. Also, feel free to attach your resume.

You may also apply in person at our offices: 880 Alexandria Pike, Suite 207, Fort Thomas, KY 41075 (please call ahead 1-859-441-7977).