



# Golden Horizons Elder Care Services, Inc.

251 Main St., Suite 201, Old Saybrook CT 06475 | Phone: 860-388-1788 | Fax: 860-388-1773

## APPLICATION FOR EMPLOYMENT

If you need help to fill out this application form or for any phase of the employment process, please notify the person who gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time. Please complete all pages of this form. If more space is needed to complete any question, use an extra sheet of paper. Please print clearly: illegible applications will not be processed. All qualified applicants will receive consideration without discrimination due to race, color, religion, sex, age, disability, veteran status or national origin.

Last Name	First	Middle	Social Security Number
Street address		City, State, Zip Code	
Email	Telephone Number(s)	Are you over 18?	Do you have a legal right to work in the US full time?
Position You Are Applying For		Date Available to Start	Minimum Pay Desired Per Hour
Relatives employed by us?		Have you applied for employment with us in the past?	Location / Dates
High School		Did you graduate?	
College/University		Did you graduate?	

## CERTIFICATIONS – Check all that apply and fill in appropriately.

	Check Off	State	Year	Expires	School/Location
CNA					
HHA					
PCA					
CPR					
First Aid					
Other					

## SPECIAL TRAINING – Check all that apply and fill in appropriately.

	Check Off	Training	Experience	School/Location
Alzheimer's Disease				
Dementia				
Hospice				
Hoyer Lift				
Parkinson's Disease				
Other				

## TRANSPORTATION – Check all that apply and fill in appropriately.

Driver's License	Yes/No	State	Expires
Car	Yes/No	Make	Year
Other			



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**PAST EMPLOYMENT** – List employment starting with your most recent job during the past 10 years. Account for any time period you were unemployed by stating the nature of your activities. *Use the lines below. If more room is needed, use the back of the sheet.*

Employer	Phone	From	To
Address	Name job and describe what you did		
City, State, Zip Code	Supervisor's Name	Reason for Leaving	
Employer	Phone	From	To
Address	Name job and describe what you did		
City, State, Zip code	Supervisor's Name	Reason for Leaving	
Employer	Phone	From	To
Address	Name job and describe what you did		
City, State, Zip code	Supervisor's Name	Reason for Leaving	
Employer	Phone	From	To
Address	Name job and describe what you did		
City, State, Zip code	Supervisor's Name	Reason for Leaving	

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**REFERENCES** – Please give the names of three persons NOT RELATED to you, whom you have known for at one year.

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN
1.				
2.				
3.				

**In case of emergency, please contact:**

Name / Relationship	Home phone	Work phone
Name / Relationship	Home phone	Work phone
Name / Relationship	Home phone	Work phone

**Please write below any other information that you feel might influence your employment with Golden Horizons.**

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**PLEASE INDICATE DAYS AND HOURS YOU ARE AVAILABLE TO WORK (be specific)**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Day:	Day:	Day:	Day:	Day:	Day:	Day:
Night:	Night:	Night:	Night:	Night:	Night:	Night:

I agree, in consideration of your employing me, that I will not seek or accept employment, either directly or indirectly, in this state or any other, from any client of Golden Horizons Elder Care Services, Inc., for at least 2 years after the official date of employment termination. It is understood that this restriction shall terminate 2 years after receiving or giving written notice of employment termination. If for any reason I violate the terms of this agreement, I agree to pay Golden Horizons Elder Care Services, Inc. liquidated damages equaling 3 months' equivalent of client's fees.

I hereby swear that all of the information in my personnel file has been voluntarily given to Golden Horizons Elder Care Services, Inc.

**AT-WILL EMPLOYMENT DISCLAIMER:** This application is not intended to, and does not create a contract or offer of employment. If hired by Golden Horizons Elder Care Services, Inc. (GHECS), employment with the company will be on an at-will basis, meaning that GHECS may alter the terms of your employment, and either you or GHECS may terminate your employment at any time and for any reason or for no reason, with or without notice.

**I certify that the statements made by me on this application are true, accurate and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification, dismissal, or other action pursuant to employment agency policy and procedure, and subject to criminal penalties as prescribed by law.**

**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF 60 DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**\*\*\*Note:**

- Upon hiring, you are not guaranteed to have work immediately.
- There is a three month probation period.
- In accordance with the American Disabilities Act, if you have a disability and require reasonable accommodation, please request it in writing.



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## EMPLOYMENT QUESTIONNAIRE

*Please answer the following questions (Use the back of this page if you need more room).*

What can you bring to our company?

What are your goals once you come into our company?

Why did you leave your last job?

How did you learn about our company? (ie. newspaper, online?) **Be specific.**

What would you do if you came on a shift and it was relayed that there was a medication change or you observed a change in the client's condition?

Would you treat all the clients exactly the same?

What would you do if you were experiencing difficulty with the client or family members?

What would you do if you overheard something very surprising at a client's home?

Do you think it's possible that there is a client you would be unable to work with, even after a period of adjustment? If so, what would you do?

What would you do if an unusual incident occurred on the job? (ie. If a client fell and got cut)

Many of our clients require some meal preparation. Can you cook? Do you have any specialties?

Do you smoke?

Do you have any allergies? (e.g., animals, dust, etc.)