



# Employment Application Instructions

## ***Software abilities and limitations***

You have probably opened this document using the *Adobe Reader*® which is a free downloaded software. This program will allow you to complete the application, print it on your printer and/or submit it, using your email program (i.e., Outlook, Outlook Express, Eudora, etc.), to *Practical Care Continuum's* human resource department. Due to a recent software enhancement from Adobe®, you will also now be able to save your completed (or partially completed) application to your computer.

## ***Navigating the application***

You can either click using your mouse into the fields of the application or use the 'Tab' key to navigate from one to the next. Clicking the 'Enter' key when a checkbox is highlighted will generate a checkmark in that box. When entering a response into a multi-line field (on page 3 of the application), click to the next line when you have reached the end of the first. Failure to do this may cut off some of your entry.

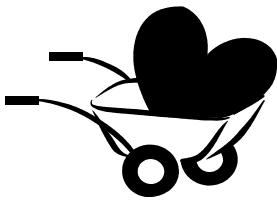
## ***Signing your application***

Entering your initials into the signature field will indicate your signature giving us permission to process your application and contact your previous employers and references. **Unsigned applications will not be processed.**

## ***Submitting your application***

When you are satisfied with your application, you will submit it to *Practical Care Continuum*. Before you do so, we recommend you print a copy for your records.

Before submitting the application you should have your email program open (i.e., Outlook, Outlook Express, Eudora, etc.). At the end of the application you will find a 'Submit' button. When you click it, the application with your entries will be attached to an email message that is addressed to *Practical Care Continuum's* human resources department. **You must send the email message in order for your application to be delivered.** You will receive a reply to tell you your application was received.



# Employment Application Practical Care Continuum

Date \_\_\_\_\_

### Personal Information

Name	SS #	-	-	
Address	City	Zip		
Home phone	Work phone			
Cell phone:	e-mail address:			
Were did you learn about this position? Friend (friends name: _____)	A. Amer. Statesman )	Our Kids Internet	RR Leader Other	Flyer

Please note the nearest major intersection to you home:

1. Do you have reliable transportation?	Y	N	What kind:	Bus	Car	Other
2. Do you agree to maintain the minimum liability insurance required by law?	Y	N	License # _____			
3. Do you have any health or physical impairments that we should know about?	Y	N	If yes, please explain: _____			
4. Have you ever been convicted of a felony?	Y	N	If yes, please explain: _____			

5. PCCI requires its employees to provide a criminal history check before providing care to a client in their home. If offered employment, would you be willing to provide a criminal background report? Y N

Please check any of the following areas that you would be willing to work in as an employee of PCCI.  
This will enable us to utilize you in the best possible way.

Housekeeping    Laundry    Meal preparation    Transportation    Companionship    Errands  
For Personal Attendants:    Bathing    Toileting    Dressing    Grooming

### Education and Training Background

A copy of your high school diploma/GED certificate or college diploma may be required for our files.

**Did you graduate from high school or receive a GED certificate**    Y    N

School Name	Location	From MM/YY	To MM/YY	Graduate? Yes/no	Diploma, Degree, Certificate	Major Field of Study
High School 1.						
2.						
Business/Tech/Vocational 1.						
2.						

## Employment Record

May we call your present place of employment? Y N

Please list all employment experience. Begin with your present or last position and work back. Provide sufficient, qualifying experience.

Employer: _____	Position Title: _____
Address: _____	Ending Salary _____
City/State _____	Full-time      Part-time
Start Date _____ End Date _____	Months in this position _____
Supervisor's Name: _____	Supervisor's Phone _____
Reason for Leaving: _____	
Responsibilities/Skills/Duties _____	
_____	

Employer: _____	Position Title: _____
Address: _____	Ending Salary _____
City/State _____	Full-time      Part-time
Start Date _____ End Date _____	Months in this position _____
Supervisor's Name: _____	Supervisor's Phone _____
Reason for Leaving: _____	
Responsibilities/Skills/Duties _____	
_____	

Employer: _____	Position Title: _____
Address: _____	Ending Salary _____
City/State _____	Full-time      Part-time
Start Date _____ End Date _____	Months in this position _____
Supervisor's Name: _____	Supervisor's Phone _____
Reason for Leaving: _____	
Responsibilities/Skills/Duties _____	
_____	

Employer: _____	Position Title: _____
Address: _____	Ending Salary _____
City/State _____	Full-time      Part-time
Start Date _____ End Date _____	Months in this position _____
Supervisor's Name: _____	Supervisor's Phone _____
Reason for Leaving: _____	
Responsibilities/Skills/Duties _____	
_____	

I certify that I have made no misrepresentation in this application and I have not withheld information in my statements and answers to questions. I hereby release PCCI to investigate and verify any representations made by me, either orally or in writing. I hereby release PCCI and any individual who provides or obtains information pursuant to this authorization, from any and all liability for damages of any kind which may result to me on account of compliance, or attempts to comply, with this authorization. I am aware that my misrepresentations may cause my application to be rejected or may cause dismissal if I am hired before such misrepresentations are discovered. I am also aware that my application is subject to the Texas open records law and may be released as a public document. I also understand that this application is the property of PCCI and will become a part of my personnel file if I am hired.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

# References

Please list three persons in the Austin area (NOT RELATIVES) who have known you for at least one year and can vouch for your character.

Name & Relationship	Address	Work/Home Phone #
1.		
2.		
3.		

Why do you want to do this kind of work?

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Have you had to care for a family member or friend?

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The following is voluntary information and is not needed to gain employment.

What do you do for fun?

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Do you play any games? (ie bingo, dominoes, cards)

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Do you speak any languages other than English? (i.e., French, German, Spanish)

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1. When are you busy? (i.e., school, work, church)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

2. What area of town do you prefer working in? (Check all that apply)

N NW NE S SW SE East West Central Other \_\_\_\_\_

8. Who do you prefer working with: Male Female No preference

Describe the type of person you would like to work with:

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Describe the type of person you would NOT like to work with:

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**For Office Use Only**

Notes: