

Standard Home Care Providers LLC

Thank you for considering working with Standard Home Care Providers LLC. Before filling out this application, we want you to know what our mission is and how that works with your request to join our team.

Our mission is to create an enabling environment for our care associates and clients to work toward a common goal of delivering the highest quality of care – which we believe everyone deserves. We will provide our services in an ethically and financially responsible way that best benefits our clients.

We believe in looking professional at all times, and this means keeping our clothes clean and ironed. We also prohibit the use of cell phones inside the client's homes.

We know that some people smoke, we would caution against smoking around clients and remember that smoking may trigger some of their medical conditions. As mentioned in our employee handbook smoking is prohibited in the client's home.

We know that sometimes clients may need you to transport them or run an errand for them. As a result, it is vital that you have a valid driving license, adequate insurance and a clean road safe car.

We believe that respecting others is a crucial component of the work that we do and so we would appreciate an active effort to do that. As a general principle treating them like they are family or as you would want yourself to be treated in their position.

We also would like information about your history to get a better sense of who you are and a criminal record check helps us establish that picture. Sign below if you understand.

Signature

Date

Standard Home Care Providers LLC

Job Application Form

Name

Date

Address

Home Phone

Cell Home Phone

Expected pay rate

Have you ever been a care giver:

Yes

No

Current certification/licenses

High school

Date

College

Degree

Date

References

Name and Title

Email

Number

Name and Title

Email

Number

Name and Title

Email

Number

I consent to Standard Home Care Providers LLC representatives reaching out to my references for information on my prior employment and factors involving decisions to leave.

Signature

Date

Standard Home Care Providers LLC

Reference form one

I am providing my permission for an the questions presented below

Name	Signature	Date
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To be completed by a person who was/is provided as reference:

Name and Title	Email	Number
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Company name	Fax
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As part of our application, the applicant above has applied and given permission for the following questions answered as part of their employment application.

Position	Employed from	Employed till
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Known reason for person leaving/been removed: _____

Please provide brief feedback on the following things:

Punctuality: _____	Resilience: _____
Reliability: _____	Reliability: _____
Attendance: _____	

Signature	Date
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Standard Home Care Providers LLC

Reference form two

I am providing my permission for an the questions presented below

Name	Signature	Date
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To be completed by a person who was/is provided as reference:

Name and Title	Email	Number
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Company name	Fax
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As part of our application, the applicant above has applied and given permission for the following questions answered as part of their employment application.

Position	Employed from	Employed till
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Known reason for person leaving/been removed: _____

Please provide brief feedback on the following things:

Punctuality: _____	Resilience: _____
Reliability: _____	Reliability: _____
Attendance: _____	

Signature	Date
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Standard Home Care Providers LLC

Reference form three

I am providing my permission for an the questions presented below

Name	Signature	Date
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To be completed by a person who was/is provided as reference:

Name and Title	Email	Number
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Company name	Fax
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As part of our application, the applicant above has applied and given permission for the following questions answered as part of their employment application.

Position	Employed from	Employed till
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Known reason for person leaving/been removed: _____

Please provide brief feedback on the following things:

Punctuality: _____	Resilience: _____
Reliability: _____	Reliability: _____
Attendance: _____	

Signature	Date
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