



# AGENCY APPLICATION

Convenient Home Care Services Inc.

681 Main Street Suite 2-11, Waltham, MA 02451 781-642-0880 • Fax 781-642-0882  
Email: chc.services@yahoo.com • Web: convenienthomecare.com

Today's Date \_\_\_\_\_

Applicants for employment are considered without regard to race, creed, color, religion, sex, sexual orientation, marital status, national origin, age, disability, status as a veteran, Vietnam Era Veteran, or being a member of the Reserves or National Guard. Also it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Please Print

Position Applied for       Home Health Aide       Nurse Assistant  
 Homemaker       Other \_\_\_\_\_

How did you learn about Convenient Home Care Services?

- Advertisement ( Where?) \_\_\_\_\_
- Care Center: \_\_\_\_\_
- Training Program: \_\_\_\_\_
- Convenient Home Care Employee (Name): \_\_\_\_\_
- Other \_\_\_\_\_

Name \_\_\_\_\_

Present Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_-

Social Security Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Email \_\_\_\_\_

General Information

Are you legally able to be employed in the United States?  Yes  No

Proof of your eligibility and identity will be required upon employment.

Have you ever filed an application with us before?

Yes  No If yes, give date \_\_\_\_\_

Were you ever placed through Convenient Home Care?

Yes  No If yes, give date \_\_\_\_\_

Please list any relatives working with Convenient Home Care Services, Inc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency notify: (check one)       Relative       Friend

Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Tel. Number (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Work Tel Number (\_\_\_\_) \_\_\_\_\_-



Employment History

Please list your most recent job. Include any job related military service assignments and volunteer activities.

**Explain any gaps in your work history, using the space at the bottom of the page.**

Are you currently employed?  Yes  No  
 If yes, may we contact your current employer?  
 If no, may we contact your previous employer?

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Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  Hourly Rate/ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Street Address  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Job Title \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Name and Title  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  Hourly Rate/ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Street Address  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Job Title \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Supervisor \_\_\_\_\_  
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Address \_\_\_\_\_  Hourly Rate/ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
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Duties \_\_\_\_\_  
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Reason for Leaving \_\_\_\_\_

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Employer \_\_\_\_\_ Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
Address \_\_\_\_\_  Hourly Rate/ Salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Street Address  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Job Title \_\_\_\_\_  
Telephone Number(s) \_\_\_\_\_ Supervisor \_\_\_\_\_  
Name and Title  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Reason for Leaving \_\_\_\_\_

Employment Gaps  
(IF ANY)

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Availability

Are you available to work:  Full Time  Part Time

On what date would you be available to start working?

Are you available to work holidays?  Yes  No

Are you interested in working as a live-in home health aide?  Yes  No

If yes, please check which days you are available:

- 5 day live in Monday through Friday only
- 2 day live in Saturday and Sunday only
- Both Monday through Friday or weekends
- Respite/Emergency fill-in only

Are you interested in working hourly cases?  Yes  No

Please write in the times you can work under the days you are available, e.g.

Monday  
8 am  
to  
8 pm

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____	_____	_____	_____	_____	_____	_____
to	to	to	to	to	to	to
_____	_____	_____	_____	_____	_____	_____

**Please read carefully before signing.**

If you have any questions regarding the following statements, please ask for assistance.

It is my understanding that this employment application, or the granting of an oral interview, does not represent a contract of employment or a promise of future benefits by this company/organization. **I understand and agree that if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representative of this company/organization.**

**AGREEMENT:** I certify that the information on this application is true, complete and correct. I hereby authorize the investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I understand that false answers, statements or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Print Name \_\_\_\_\_



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