

APPLICATION FOR REFERRAL TO PROVIDE SERVICES

IN HOME PERSONAL CARE, LLC

NAME _____ DATE _____

Birthdate _____ Social Security Number _____

Current address _____ email address _____

Town/City _____ State _____ ZIP _____

Phone number _____ Cell Phone Number _____

How long have you been at this address ? _____

Previous address _____ Town/City _____

State _____ ZIP _____

How long at this address? _____

Are you a U.S. Citizen? _____ If not born here, will need copy of papers.

How did you learn of our agency? _____

Emergency contact for you _____ PH _____

How many hours are you looking to work a week? _____

Hours/Days you are available

No Preference _____

Week days only _____

Weekends only _____

Day Shift only _____

Afternoons only _____

Midnights only _____

4-8 hours a day _____

8-12 hours a day _____

Other _____

Live in _____

Do you drive? _____ **We need a copy of your driver's**

license? Are you insured for passengers in your vehicle? _____

We need a copy of your auto insurance policy.

Do you have a dependable vehicle? _____ Have you been involved in

any motor vehicle accident during the past three years? _____

Have you had any moving violations during the past three years? _____

Have you had a DUI? _____ Have you been convicted of a

felony? _____

If so, when _____ Corrective action _____

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Have you been convicted of a crime? _____Yes _____No

If Yes, please explain when and what for_____

What type of sentence was imposed?_____

What area locations are you willing to drive to?

Valparaiso, Hebron, Kouts (Porter County)_____

Demotte, Wheatfield, Roselawn (Jasper County)_____

Lake Village, Rensselaer (Newton County) _____

Lowell, Cedar Lake, Schneider, Shelby, Crown Point (South Lake County)

St. John, Dyer, Schererville, Merrillville, Griffith, Highland, Munster?

Do you smoke? _____Yes _____No

Do you have an objection to working where there is smoke? _____

Allergy to smoke?_____

Do you have an objection to working where there are pets in the house?_____Allergies to pet dander?_____

Fear of animals?_____

Highest education level?_____

Skills You Have_____

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IN HOME PERSONAL CARE, LLC

Please list two employer references:

Name _____ Phone _____
Address _____
Town/City _____ ST _____ ZIP _____
Position You Held _____

When were you employed there? _____
Relationship of reference to you _____

Name _____ Phone _____
Address _____
Town/City _____ ST _____ ZIP _____
Position You Held _____

When were you employed there? _____
Relationship of reference to you _____

Please list two personal references: not employers or related to you

Name _____ Phone _____ \\
Address _____
Town/City _____ ST _____ ZIP _____
What is the relationship? _____

Name _____ Phone _____
Address _____
Town/City _____ ST _____ ZIP _____
What is the relationship? _____

I, _____, authorized the above references to provide information about me, my work ethic, dependability, & attitude to In Home Personal Care, LLC. _____

Signature

Date