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|  | Peninsula Homecare CooperativePO BOX 468, Port Townsend, wa 98368(360) 385-9664Application for Employment |

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| Applicant Information |
| Name |  | Date |  |
| Street Address |  | Apt/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | Cell Phone  |  |
| Do you have a current WA State C.N.A. license?  |  | WA State H.C.A. license?  |  |
| How did you hear about PHC? |  |
| Email Address |  |
|  |
| Availability |
| What date are you available to begin work? |  |
| Are you available full-time (30-40 hours a week) or part- time (less than 30 hours)? |  |
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| List hours you are available to work (please specify by day) |
|  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
| From  |   |  |  |  |  |  |  |
| To  |  |  |  |  |  |  |  |

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| EDucation & tRAINING (include Training specific to Home Care)

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| --- | --- | --- |
| Type of Training / Degree | Dates Attended | Degree or Certification |
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| Employment hISTORY |
| Company Name |  | Address  |  |
| Name & Contact Number of Supervisor  |  |
| Job Title  |  |
| Duties and Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
|  |
| Company Name |  | Address  |  |
| Name & Contact Number of Supervisor  |  |
| Job Title  |  |
| Duties and Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
|  |
| Company Name |  | Address  |  |
| Name & Contact Number of Supervisor  |  |
| Job Title  |  |
| Duties and Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
|  |
| General |
| Why do you want to work at Peninsula Homecare Cooperative and what attracts you to a position as a caregiver?  |
| In your opinion, what is the most important characteristics of a caregiver? |
| Is there anything else you would like to add? |
|  |
| Disclaimer and Signature |
| WE ARE AN EQUAL OPPORTUNITY EMPLOYERWe consider applications for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age or veteran status, the presence of a non-job related medical condition or disability, or any legally protected status.I certify that the information contained on this application is true and correct to the best of my knowledge. I authorize the references, schools and previous employers listed to provide PHC any and all information they may have. I release all parties and persons listed, PHC or any of its members or employees from all liability for any damage, except that resulting from misrepresentation, which might result from furnishing this information. I further understand that employment is on an “at will” basis and employment is not guaranteed for any term, and may be terminated by the co-op or myself for any reason at any time, with or without notice.

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| Signature |  | Date |  |

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