



www.sotohomecare.com

## EMPLOYMENT APPLICATION

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First Middle

Business/Mobile Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Present Address: \_\_\_\_\_  
Street City State Zip

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone Number

### Employment Desired

Position Applying For:  RN  LPN  HHA  PCA  Therapist/Other (Specify) \_\_\_\_\_

Have you ever applied for employment with this Agency?  Yes  No

Are you legally eligible for employment in the United States?  Yes  No

(Note: Proof of identity and legal authority to work in the United States is a condition of employment.)

How did you learn of our organization?  Newspaper  Agency Employee  Other

Would you be available to work overtime, if necessary?  Yes  No

Are you willing to work: \_\_\_\_\_ Evenings? \_\_\_\_\_ Weekends?

If hired, on what date can you start? \_\_\_\_\_

Salary Desired: \_\_\_\_\_

Some of our customers do not speak English. Do you speak, write, or understand any other languages?  Yes  No

If yes, which language(s)? \_\_\_\_\_

Are you currently employed?  Yes  No

If so, may we contact your current employer?  Yes  No

Do you have reliable transportation?  Yes  No

| School               | Name and Address | Course of Study | Year of Degree | Diploma |
|----------------------|------------------|-----------------|----------------|---------|
| College / University |                  |                 |                |         |
| Vo-Tech or Trade     |                  |                 |                |         |
| High School          |                  |                 |                |         |
| Other                |                  |                 |                |         |

Employment History

**(1) Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_

**(2) Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_

**(3) Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_

**(4) Name of Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_ Supervisors Name: \_\_\_\_\_

Your Position and Duties: \_\_\_\_\_

Dates of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_

May we contact this employer?  Yes  No

Reason for leaving: \_\_\_\_\_

Was your last name different from your present name during the above listed jobs?  Yes  No

If yes, what was your name? \_\_\_\_\_

Professional References

**(1) Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**(2) Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**(3) Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**(4) Name:** \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Have you ever been convicted of a crime in the past 5 years, barring employment in a Home Care and community support Agency?  Yes  No

Conviction will not necessarily disqualify an applicant from employment. If yes, describe in full: \_\_\_\_\_

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

Are you capable of performing the job set forth in the job description?  Yes  No

If you answered No, which job requirement can you not meet? \_\_\_\_\_

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

Credentials / Specialized Skills & Qualifications / Equipment Operated

List all states in which licensed giving registration and expiration date. Summarize special job-related skills and qualification acquired from employment or other experience. \_\_\_\_\_

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

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand, that, if employed, falsified statements on this application SHALL BE GROUNDS FOR DISMISSAL.

I Authorize complete investigation of all statements contained herein and hereby give my full permission for the Agency to contact and fully discuss my background and history with all persons and entities listed above to give the Agency any and all information concerning my previous employment and any information they may have, and release all former employees and others listed above from all liability for any damage that may result from furnishing the same to the Agency.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time for any lawful reason, without prior notice and with or without cause.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period shall inquire as to whether or not applications are being accepted at that time.

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



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