

EMPLOYMENT APPLICATION



Heaven's Helpers, Inc. is an equal opportunity employer. Applicants are considered for positions without discriminating on the basis of sex, age, race, color, religion, national origin, mental or physical disability, marital status, military service, or any other protected category recognized by Hawaii and federal laws.

PERSONAL INFORMATION		
Name: _____		
Last	First	Middle
Address: _____		
City/State/Zip: _____		
How long have you lived in this area? _____		
Home Phone: _____		Cell Phone: _____
Email Address: _____		
Can you, upon employment, provide proof of eligibility to work in the United States? [NOTE: If offered employment, you will be required to submit documentation required by IRCA]		
<input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYMENT INTEREST	
Desired Position applying for: _____	Date available to start: _____
How did you hear about Heaven's Helpers, Inc? _____	
Have you applied for a position with Heaven's Helpers, Inc. in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when? _____	

DAYS / HOURS AVAILABLE TO WORK							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							

Office use only:	Hire Date:	CEO:	Comments:
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EDUCATION HISTORY & JOB-RELATED TRAINING			
Education	Name and Location of School	Graduated MM/YYYY	Degree/Major
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other Training or Courses		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CAREGIVING EXPERIENCE / WORKING EXPERIENCE
<p>What computer applications are you proficient at (Word, Excel, etc.)?</p> <p>_____</p> <p>Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Employer:	Employer Phone Number:		
Position:	From:	To:	
Company Address	Supervisor Name:		
Reason(s) for Leaving:			
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Employer Phone Number:		
Position:	From:	To:	
Company Address	Supervisor Name:		
Reason(s) for Leaving:			
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employer:	Employer Phone Number:		
Position:	From:	To:	
Company Address	Supervisor Name:		
Reason(s) for Leaving:			
May we contact your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Employment Gaps: Please explain any gap(s) of employment during the past ten (10) years, other than due to personal illness, injury, or disability:

ADDITIONAL INFORMATION

Why do you want to be a home caregiver?

Please add any additional information about yourself:

Summarize any special training, skills, licenses, and/or certifications that may assist you in performing the position for which you are applying. Please exclude any information that would reveal your age, race, sex, religion, color, national origin, ancestry, marital status, disability, or any other protected category recognized by Hawaii and federal laws:

Do you have a Driver's license? Yes No

What is your means of Transportation to work? _____

The job may require you to manually lift or transfer clients weighing approximately 150 lbs. Will you need any accommodations in performing this task? Yes No

If yes, please explain:

REFERENCES (excludes relatives)

Name: _____ Relationship: _____

Phone #: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Phone #: _____ Number of Years Known: _____

Name: _____ Relationship: _____

Phone #: _____ Number of Years Known: _____

PLEASE READ CAREFULLY BEFORE SIGNING

I, _____ certify that all information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire and termination of my employment and if employed, I understand that I must abide Heaven's Helpers Inc. policies and procedures.

I hereby respectfully request that you furnish the necessary information and authorize its release without penalty or liability due to an invasion of privacy or civil rights.

Signature of Applicant _____ Date _____

Below are the lists of unexpired requirements that you need to submit:

Requirements	Validity/Frequency	Date Received	Expiration Date
CPR/First Aid (On-line certification/training not accepted)	2 yrs		
Blood Borne Pathogens	1 yr		
Physical Examination	1 yr		
Hepatitis B Vaccine or Declination Form	(10 days upon initial work)		One-time
TB Clearance (For new hire, submit 2- step skin test)	1 yr		
High School Diploma, GED, or Higher (Required to service DDD Participants)	Effective 10/1/2017 New hires need to submit.		One-time
Fingerprint Fee: \$69.25 (includes FBI and State fingerprint, APS, CAN) Website: www.fieldprinthawaii.com Code: FPHeavensHelp5 Under: Description of Reasons: Click: Department of Human Services-APCSB (formerly ACCSB) Under: State and National Criminal History Record Check Consent Notification Department/ Division: Heaven's Helpers Inc. Name: Applicant Name Date of Birth:	<ul style="list-style-type: none"> • Upon hire • Renew after 1 Year of hire date. 		
APS/CAN Fees: \$11.00 Website: www.fieldprinthawaii.com Code: FPHeavensHelpAPS Please provide debit or credit card to schedule an appointment for online payment Appeals Process Fees : \$25 (submit an appeal for Fieldprint RED results)	<ul style="list-style-type: none"> • Required after 3 years from hire date, renewal will be every other year. 		
Criminal Abstract Fees: \$15.00 www.ecrim.ehawaii.gov Note: If hires, please present documents that establish both identity and employment authorization	<ul style="list-style-type: none"> • Upon hire • Renew after 1 Year of hire date. • Renewal will be every other year. 		