

# Trinity In-Home Care, Inc. & "Imagine..." Drop-In Childcare Employment Application

Name (Last, First, Middle)	Today's Date
Other Names Used (for reference)	SSN
Street Address	Contact Phone Number
City, State, Zip	Email
Position Desired (please circle)  <div style="display: flex; flex-direction: column; gap: 10px;"> <input type="checkbox"/> In-Home Care Support           <input type="checkbox"/> Childcare           <input type="checkbox"/> Other _____         </div>	Date Available to Start: _____ Expected Hourly Wage: _____ Years of experience in interested field: _____

What type of schedule can you work?	Please elaborate on your <b>preferred</b> availability
<input type="checkbox"/> Morning      Desired # of hours: _____	Sunday _____
<input type="checkbox"/> Daytime      Minimum: _____	Monday _____
<input type="checkbox"/> Evening      Maximum: _____	Tuesday _____
<input type="checkbox"/> Overnight	Wednesday _____
<input type="checkbox"/> Weekends	Thursday _____
<small>Note: We hope to minimize any inconvenience to employees, but recognize that our main goal is to provide high quality services to all clients at all times.</small>	Friday _____
	Saturday _____

What age group(s) would you be most comfortable working with?
<input type="checkbox"/> Children: <input type="checkbox"/> Adults with Disabilities <input type="checkbox"/> Elder Adults <input type="checkbox"/> Infants <input type="checkbox"/> Toddlers <input type="checkbox"/> Child <input type="checkbox"/> Adolescent

**Non-Discrimination Policy:** We will not engage in discriminatory practices against any person employed or seeking employment because of actual or perceived race, color, religion, marital status, national origin, ancestry, physical or mental disability, genetic characteristic, gender, sexual orientation, age, veteran's status, or any other characteristics protected by law.

**Name** (Last, First, Middle)

**Employment/ Volunteer History**

LIST PRESENT OR MOST RECENT EMPLOYER FIRST, INCLUDE ALL EMPLOYMENT, MILITARY, AND VOLUNTEER SERVICE

Employer's Name		Phone Number		
Address				
Job Title		Dates Employed		
Supervisor's Name	Supervisor's Title	From:	To:	Total Time:
Nature of Duties		Mo. Yr.	Mo. Yr.	
		Salary		
Reason for Leaving		Start \$	End \$	
		Hr	Hr	FT
		Wk	Wk	PT
		Mo	Mo	# hrs/wk
MAY WE CONTACT YOUR PRESENT EMPLOYER?    YES    NO				

Employer's Name		Phone Number		
Address				
Job Title		Dates Employed		
Supervisor's Name	Supervisor's Title	From:	To:	Total Time:
Nature of Duties		Mo. Yr.	Mo. Yr.	
		Salary		
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		Salary		
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		Hr	Hr	FT
		Wk	Wk	PT
		Mo	Mo	# hrs/wk

Name (Last, First, Middle)

**Education (must be filled in)**

Type of School	Name and Location	Graduate?	Degree
High School		Y N	
College/University		Y N	
College/University		Y N	

Licenses and Certificates Includes: CNA, HHA, CMA, CPR, First Aid	License Number	State	Expiration Date

**Professional Affiliations**

**Job Related Skills**

Are you willing to assist with activities outside of the home such as going to the park, grocery store, etc?	Y N
Do you have reliable transportation?	Y N
Are you willing to transport clients in your vehicle?	Y N
Do you have a valid Driver's License? If so, please list Driver's License number _____	Y N
Are you willing to provide care outside of Lawrence, such as to surrounding communities of Eudora, Baldwin, and/or Lecompton?	Y N
Are you willing to assist a client with personal care needs such as bathing?	Y N
Do you have the ability to provide physical assistance such as turning a client in bed, or transferring a client from a bed to a chair?	Y N
Are you able to perform these tasks with or without an accommodation? If no, please describe: _____	Y N
	Y N

Briefly describe your background, interests, and experience with individuals with disabilities or older adults.

Why did you choose Trinity In-Home Care and/or Imagine...Drop-In Childcare?

How do you see your future with Trinity In-Home Care/Imagine...Drop-In Childcare? Include amount of time you hope to stay with Trinity/Imagine...

Is there any work environment that you feel uncomfortable working in? Please include any allergies you have.

Additional Comments (optional)

Do you have any restrictions on the days of the week you can work?      Yes      No	If YES, please explain:
If hired, can you perform any or all essential functions of the job applied for, with or without reasonable accommodation?      Yes      No	If NO, please explain:
After offer of employment, can you submit verification of your legal right to work in the United States?      Yes      No	If NO, please explain:
Have you been convicted of a misdemeanor or felony? (A conviction may be relevant if job-related, but does not necessarily bar you from employment)      Yes      No	If YES, please state circumstances, place(s), date(s):
Have you been sanctioned by an enforcement agency for health care fraud or violation of health care regulation(s)? ____ Yes    ____ No	If YES, please explain:

How did you hear of Trinity In-Home Care/Imagine...Drop-In Childcare?		
____ Employee: who? _____	____ Word of Mouth	____ Workforce Center
____ KU	____ Internet	____ Flyers/Other Publications
____ Lawrence Journal World (paper)	____ Lawrence Journal World online	____ Other _____

<b>References (other than relatives)</b>		
Name	Phone	Relationship
1.		
2.		
3.		

**If you are applying for Drop-In Childcare, please fill out the following.**

Do you have any previous childcare experience in a licensed center?	Y N
If YES: how many years? _____	
Who is/was your contact person? _____	
May we contact them?	Y N
How many hours of college credits have you earned in early child development: _____	
Please provide name of above courses: _____	
_____	
_____	
<u>Note:</u> If hired, you will be asked to provide documentation of work and school experience.	

**PLEASE READ AND INITIAL EACH OF THE FOLLOWING STATEMENTS:**

I certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Trinity In-Home Care, Inc. unless I have indicated otherwise. I authorize the references listed above to provide to Trinity In-Home Care, Inc. any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Trinity In-Home Care, Inc. as well as from the use of disclosure of such information by Trinity In-Home Care, Inc. or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my dismissal from employment.

\_\_ INITIAL

I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the US. Offers of employment are also conditioned on Trinity In-Home Care, Inc.'s receipt of satisfactory responses to reference requests and background checks.

\_\_ INITIAL

In consideration of my employment, I agree to conform to the rules and standards of Trinity In-Home Care, Inc. and agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice at any time, either at my option or at the option of the Agency. I understand that no employee or representative of the Agency other than its President/CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the President/CEO of the Agency may not alter the 'at will' nature of the employment relationship or enter into any employment agreement for a specified time unless the President and I both sign a written agreement that clearly and expressly specifies the intent to do so. I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.

\_\_ INITIAL

<b>Signature of Applicant</b>	<b>Date</b>

**EEO-1 Report, reporting purposes only**

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

**GENDER:** (Please check one of the options below)

Male     Female

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Date completed:** \_\_\_\_\_