



# *Aspen Home Care*

A division of Asbury Park

## **Home Care Employment Application**

200 SW 14<sup>th</sup> Street, Newton, KS 67114 \* 316-283-4770 \* [www.asbury-park.org](http://www.asbury-park.org)

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/ST/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other Contact Number:** \_\_\_\_\_

**How did you hear about the positions available at Aspen Home Care?** \_\_\_\_\_

**Are you at least 18 years old?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Do you have a valid driver's license?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Are you presently employed?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, may we contact your present employer?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**Contact person:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Are you related to anyone employed at Asbury Park/Aspen Home Care?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, please identify:** \_\_\_\_\_

**Under what other names have you been employed?** \_\_\_\_\_

**Have you worked for Asbury Park or Friendly Acres previously?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, when:** \_\_\_\_\_ **Dept.:** \_\_\_\_\_

**Have you ever been convicted of a felony crime against another person?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes, please explain:**

\_\_\_\_\_

**Have you ever been convicted of or adjudicated as a juvenile for a crime against a person?**

\_\_\_\_\_ **Yes** \_\_\_\_\_ **No** **If yes, please explain:**

\_\_\_\_\_

**Position applying for:** \_\_\_\_\_ **Date available:** \_\_\_\_\_

What type of employment are you seeking? (Please check all that apply)

Full time                       Part time                       PRN  
 First Shift                       Second Shift                       Third Shift  
 Weekends

If more than one shift is possible, what is your preferred shift? \_\_\_\_\_

Pay Desired \$ \_\_\_\_\_ per hour

Are you available for overtime if needed?                       Yes                       No

**EDUCATIONAL BACKGROUND:**

Do you have a high school diploma or GED?                       Yes                       No

If offered a position, could you provide a copy of diploma or GED completion?

Yes                       No

| School | Years Attended | Degree Completed |
|--------|----------------|------------------|
|        |                |                  |
|        |                |                  |
|        |                |                  |
|        |                |                  |

If applicable, please list your certificate or license number: \_\_\_\_\_

**EMPLOYMENT HISTORY:**

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ May we contact?                       Yes                       No

Job Responsibilities: \_\_\_\_\_

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

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Job Responsibilities: \_\_\_\_\_

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Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ May we contact? \_\_\_\_ Yes \_\_\_\_ No

Job Responsibilities: \_\_\_\_\_

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

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**This application must be completed in its entirety in order to be considered for employment.**

**As an equal opportunity employer, Aspen Home Care and its subsidiaries comply with state and federal laws prohibiting discrimination in employment and promotion because of race, color, religion, sex, disability, national origin or age.**

**Employment at Aspen Home Care and its subsidiaries is contingent on passing a felony background check, drug screen and pre-employment back screen that will include, but not be limited to, the capability to lift 50 pounds.**

**Any misrepresentation or omission as to any material contained in this application will be grounds for immediate termination. My signature below is evidence that I am aware of this policy.**

\_\_\_\_\_

\_\_\_\_\_

**Applicant Signature**

**Date**