



Loving Hands of Nevada
 There's No Place Like Our Home Health Care

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 NV 89015

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We look forward to having you on our **Loving Hands of Nevada** team. Before filling out this application be sure to read about the benefits of joining our working family. We want you to feel you're a good fit as we're not your average service. Within 2 days of receiving your application we will get in touch with you requesting to set up an interview or notify you will not be eligible for hire at this time. Should that be the case you're always free to re-apply up to 3 times a year.

All fields marked with red asterisk • are required

* First Name _____ Middle Initial _____ * Last Name _____

* Current Street Address _____

* City _____ * Zip Code _____

* Best Phone Contact Mobile Home

* E-mail Address _____

Work Availability

Specify how many hours you're available on each day of every week; input the number only; for example 8 hours on Monday. The amount of work we can assign depends on your flexibility...

Monday Hours: _____ Times: _____

Tuesday Hours: _____ Times: _____

Wednesday Hours: _____ Times: _____

Thursday Hours: _____ Times: _____

Friday Hours: _____ Times: _____

Saturday Hours: _____ Times: _____

Sunday Hours: _____ Times: _____

What areas would you prefer to work in? (Please check all areas you would consider. The amount of work we can assign depends on your flexibility.)

Preferences:

No Preference Henderson The Lakes Las Vegas North Las Vegas Aliante Summerlin Sunrise Manor Spring Valley Paradise Centennial Hills Boulder City Enterprise

Date Available For Work:

Month _____ Day _____ Year 20_____

Certifications & Licenses

Professional Licenses: _____

Certifications: _____

Educational Background

High School _____

City _____ State _____

Graduated? Yes Year _____ No GED? Yes Year _____ No

College _____

City _____ State _____

Graduated? Yes Year _____ Major/Degree _____

PCA/CNA/Training _____

City _____ State _____

Graduated? Yes Year _____ No Certified/Licensed? Yes No

Nursing School _____

City _____ State _____

Graduated? Yes Year _____ No Licensed? Yes No

Employment History

Starting with your most recent position, list your 3 most recent.

Date Started _____ Date Ended _____

Employer name _____

Employer Address _____

Employer Phone _____ Supervisor _____

Job Title _____

Duties _____

Reason For Leaving _____

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Date Started _____ Date Ended _____

Employer name _____

Employer Address _____

Employer Phone _____ Supervisor _____

Job Title _____

Duties _____

Reason For Leaving _____

.....

Date Started _____ Date Ended _____

Employer name _____

Employer Address _____

Employer Phone _____ Supervisor _____

Job Title _____

Duties _____

Reason For Leaving _____

May we call your employers? Yes No

If no please explain _____

If none of the employment listed above is related to home care, medical, or hospital experience please describe your previous experience (if any) in one or more of these areas:

Additional Qualifying Information

Have you been fired in the last ten years? Yes No

if yes, please explain: _____

Have you been employed or attended school using any other name? Yes No

if yes, please explain: _____

Do you have the legal right to be employed in the United States? Yes No

If hired, you will be required to provide identification to prove eligibility for employment

Have you ever been convicted, plead guilty or no contest, or forfeited bond on bail for any crime other than traffic violations? Yes No

if yes, please explain: _____

As a caregiver, you may be required to manually lift or transfer a patient. The average weight may be 70 lbs. Will you be able to do that? Yes No

if no, please explain: _____

Do you have any employment restrictions resulting from a non-compete or confidentiality agreement? Yes No

if yes, please explain: _____

Are you willing and able to drive for our concierge clients using your or their car?

Yes No

if yes, please provide insurance information: _____

Work Eligibility

Please know if you are offered a position with **Loving Hands of Nevada** the following proof of work eligibility must be presented:

Driver's license or government issued picture ID
US Social Security card

At **Loving Hands of Nevada** we believe transparency and honest communication provides the best work experience for all. Taking care of people is a large responsibility for you and for us. Therefore we hope you understand why the following background checks are performed before you can start work:

Original FBI Criminal Abstract
Original Driving Abstract
Adult Protective Services (APS) Central Registry Check
Child Welfare Services (CWS) Central Registry Check

Before starting to work with us you will also need the following (if you already have all or any of these items please bring them with you to your initial interview):

Current CPR card
Current First Aid card
Current TB clearance
Professional Certification PCA

Agreement: Please read the following statement carefully and indicate you have done so by signing and dating below:

"I certify 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 investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release providers of reference information, as well as **Loving Hands of Nevada** from all liability for any damage that may result from utilization of such information."

Signature: _____

Print Name: _____

Date: _____

Thank you for your interest in Loving Hands of Nevada