



Application

CNA, HHA, STNA

Date _____

Are you at least 18 years old? Yes No If No, do not complete the application.

Last name _____ First name _____ M.I. _____

SS # _____ Maiden name _____

Qualification: CNA HHA STNA

Training certificate # _____ Issued by _____ Exp. date _____

Address _____ Phone _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Email address _____ Message phone _____

Will you work in a home with a dog, cat, birth, other pet? Yes No If No, state kind of pet that you will not work with:
Do you have access to public transportation? Yes No
Do you have the ability to travel from home to home? Yes No
Do you have access to a car? Yes No
Do you have a driver's license? Yes No

Type / license # _____ Issued by State of _____ Exp. date _____

Have you ever been convicted* of a criminal offense other than a traffic violation? Yes No

If Yes, explain _____

(* Conviction will not necessarily disqualify an applicant from employment.)

Have you ever been employed by any division of Home Care by Black Stone before? Yes No

If Yes, when? _____

How were you referred to Home Healthcare by Black Stone?

- Newspaper (name) _____
- Web site (name) _____
- Friend (name) _____
- Other _____

Please list any languages in which you are fluent: _____

What days/hours are you available to work? Are you available to work weekends? Yes No

Mon Tues Wed Thur Fri Sat Sun

Hrs available _____ to _____ to _____ to _____ to _____ to _____ to _____ to _____

Experience / Education

Education	High School	College	Other
School name _____	_____	_____	_____
School city, state _____	_____	_____	_____
Graduated? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Degree or major _____	_____	_____	_____

Check areas in which you have experience or training:

Skills Inventory A

- Hospital
- Nursing Home
- Private Home
- Other _____
- Meal Preparation
- Special Diets
- Spinal Cord Injury
- CVA
- Other _____
- Geriatric Care
- Pediatric Care
- Psychiatric Care
- AIDS Care
- Mother/Child Care
- Mental Retardation Care
- Oncology/Dying Patient Care

Check skills in which you have had recent experience:

Skills Inventory B

- Transfer ROM
- Bathing
- TPR
- Blood Pressure
- Dressing Change Unsterile
- Warm/Cold Compresses
- Ostomy Care
- Foley Care
- Supervise Meds
- Intake/Output
- Test Diabetic Urine
- Specimen Collection
- Other _____

Previous Employment (list your last 5 employers, both permanent and temporary)

- From _____ Employer Name _____ Pay Rate _____

To _____ Position _____ Supervisor _____

Reason for Leaving _____
- From _____ Employer Name _____ Pay Rate _____

To _____ Position _____ Supervisor _____

Reason for Leaving _____
- From _____ Employer Name _____ Pay Rate _____

To _____ Position _____ Supervisor _____

Reason for Leaving _____
- From _____ Employer Name _____ Pay Rate _____

To _____ Position _____ Supervisor _____

Reason for Leaving _____

5. From _____ Employer Name _____ Pay Rate _____
To _____ Position _____ Supervisor _____
Reason for Leaving _____

Personal References (no family members please)

1. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____ # of years known _____
2. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____ # of years known _____
3. Name _____ Phone _____
Address _____
Occupation _____ Relationship _____ # of years known _____

- I certify that the answers given herein are true and complete to the best of my knowledge.
- I understand that, in the event of employment, false or misleading information given in my application or interview may result in discharge.
- I authorize investigation of all references and statements contained in the application for employment as may be necessary in arriving at an employment decision.
- I understand that if I am offered employment, I will be working for Home Healthcare by Black Stone, on its payroll, at its client's premises.
- I understand that my employment may be terminated by Home Healthcare by Black Stone at any time, without liability to me for wages and salary except as have been earned by me at the date of such termination.

Signature _____ Date _____