

# Tender Home Care

An Oregon Home Health Care Company

2225 NW Stewart Ste #102 Roseburg, Oregon 97471

Office: (541) 229-6848

Fax: (541)391-4026

www.tenderhomecare.com

*Administrative / Office Staff / Scheduler  
Application*

**Incomplete Applications Will Not Be Considered.**

**Please Read Entire Application.**

**Void 6 months after the "Date" entered below and will be shredded after 14 months.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

How or Who Referred You? \_\_\_\_\_ Former AEHC Employee?  Y  N

**Application at a Glance:** (Check the box: Y = Yes and N = No)

1) Office Experience?  Y  N 6) Current Drivers License?  Y  N

2) Elderly Care Experience?  Y  N 7) Reliable Vehicle?  Y  N

3) Enjoys working with people?  Y  N 8) Current Automobile Insurance?  Y  N

4) Professional License?  Y  N 9) Bus / Bike / Non-Driver?  Y  N

License #: \_\_\_\_\_ 10) Works well in groups?  Y  N

Expires: \_\_\_\_\_ 11) Can You Pass A Drug Test?  Y  N

5) Other Certifications: \_\_\_\_\_

**Skills Overview:** (Check the Box: Y = Yes and N = No - You may be asked where you received training / experience)

Answering Phones / Takings Messages  Y  N Microsoft Word  Y  N

Copy Machine / Printers / Faxing  Y  N Excel  Y  N

Ordering / Taking Inventory  Y  N Outlook  Y  N

Typing  Y  N Documenting / Reports  Y  N

Internet / Email  Y  N Bill Pay / Invoicing  Y  N

Networking  Y  N Scheduling  Y  N

Filing  Y  N Other: \_\_\_\_\_

**Availability:** (Check Shift Preference)  Daytime Shifts  Overnights  12-hr Shifts  24-hr Shifts

Indicate Days and Provide Times Available including am/pm: (Example: ✓ Monday: 7am-10pm)

Monday: \_\_\_\_\_  Friday: \_\_\_\_\_

Tuesday: \_\_\_\_\_  Saturday: \_\_\_\_\_

Wednesday: \_\_\_\_\_  Sunday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Sunday: \_\_\_\_\_



**Employers References:** (Incomplete Applications will not be considered.)

Provide three Employer References from the last ten years in relation to the Care Attendant position you are applying for. Phone and Fax Numbers must be current. Provide most recent employer first.

**Employer:** \_\_\_\_\_ Your Job Title: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Address, City and State: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_

Reason for Leaving / Are you eligible for rehire?  Y  N

Job Duties: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Your Job Title: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Address, City and State: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_

Reason for Leaving / Are you eligible for rehire?  Y  N

Job Duties: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Your Job Title: \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Address, City and State: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ to: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Starting Wage \$ \_\_\_\_\_ Ending Wage \$ \_\_\_\_\_

Reason for Leaving / Are you eligible for rehire?  Y  N

Job Duties: \_\_\_\_\_

**Personal History:** (Provide The Following Personal History In Order to Accurately Complete Your Required Background Check.)

List Street Addresses, Cities and States, and Dates Residing At These Locations:

Addresses

Dates

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List Other Names You Have Used and Dates You Used Them - Including Maiden Name:

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Have You Been Convicted of a Crime, Pleaded Guilty, or No Contest?     Y     N

Explain:

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**Authorization to Obtain Your Identity Verification Report / Background Check:**

I hereby certify that the answers given by me to all the questions contained on this Employment Application are true and correct to the best of my knowledge. If employed by Tender Home Care, I will comply with all rules and regulations of the company. I agree to submit to a physical and/or drug examination if required. I have read and understand the purpose of this Employment Application. I also understand that if any fraudulent information is given on this Application it may be grounds for immediate termination from my position. I am providing complete and accurate information. Pre-employment screening fees may be applied.

I authorize Tender Home Care to obtain an Employment/Identity Report for employment purposes. I understand that these inquiry reports may include, but are not limited to: conviction records, motor vehicle records, references, and copies of prior personnel files. I understand that providing my Social Security number and birthday is voluntary. I authorize the use of this information for the purpose of national and/or state criminal history and background checks. I understand that I may be asked to provide further proof of Identity obtained from the Social Security Department if requested. Tender Home Care is an Equal Opportunity Employer. I understand that the job position I am applying for is placed equally without discrimination due to race, creed, color, religion, sex, national origin, sexual preference, handicap, or age.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Birthday: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

This Authorization is given pursuant to the Fair Credit Reporting Act, 15 U.S.C.1681b(b)(2)(B) .Note: The FCRA requires that an applicant must authorize in advance the procurement of an Employment/Identity Verification Report for employment purposes.

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This Authorization to Obtain Employment Verification / History must be signed before we can conduct References Checks on all Applicants.

## AUTHORIZATION TO OBTAIN EMPLOYMENT VERIFICATION / HISTORY

I authorize my former and current employers to give any information they have regarding my employment, whether or not it is on their records, to Tender Home Care. I hereby release Tender Home Care and former and current employers from all liability and any damages for issuing said information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_