



# Corpus Christi Home Care, Inc.

13330 Leopard St., Suite 26 • Corpus Christi, TX 78410  
Phone: (361) 242-1109 • Fax: (361) 242-1157  
Sinton: (361) 364-3499 • Rockport: (361)729-5541

## APPLICANT INSTRUCTIONS

Thank you for your interest in our Agency. We appreciate your application, and look forward to the possibility of you joining our team.

Please complete the attached application and authorization for release of information forms.

Please print all information so it may easily read. Be certain all forms are completely filled out and signed. Incomplete applications will not be considered. Use the abbreviation "NA" if a particular provision or section in the form is not applicable to you.

Decisions are made solely on the basis of qualification to perform the work for which you are applying. Qualifications include education, training, and work experience. Credentials and experience will be verified through schools, former employers and any licensing certification agencies, if applicable. As an Equal Opportunity Agency, decisions are made without regard to race, color, creed, national origin, sex, physical or mental handicap (unrelated to ability to do the job), or age (as defined by law).

**PLEASE SUBMIT THIS APPLICATION TO THE CORPUS CHRISTI OFFICE.**  
**13330 Leopard, Ste. 26, Corpus Christi, Tx. 78410**  
**Phone: 361-242-1109 Fax: 361-242-1157**

### 1. PERSONAL INFORMATION

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

Full Name: \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Current Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Telephone No.(s) where you may be reached: Day: \_\_\_\_\_

Evening: \_\_\_\_\_

Notify in case of emergency: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Valid Driver's License: yes \_\_\_ no \_\_\_ DL#: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Has your driver's license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_ Other languages spoken: \_\_\_\_\_

**II. EDUCATION**

Did you graduate from high school? Yes, when? \_\_\_\_\_ No, last grade completed? \_\_\_\_\_

College, University, School	State	Area of Study	Degree Earned	Date

U.S. Veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Duty or Training: \_\_\_\_\_

**III. PROFESSIONAL LICENSES and/or CERTIFICATIONS**

(Includes all states in which you are currently licensed/certified)

TYPE	AGENCY/STATE ISSUED	DATE ISSUED	EXPIRATION DATE	NUMBER
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have any licenses ever been revoked, suspended, or investigated: yes \_\_\_\_\_ no \_\_\_\_\_

If yes, explain fully: \_\_\_\_\_

**IV. WORK DESIRED AND AVAILABILITY**

Type of Work Desired:	Shift	Salary
1 <sup>st</sup> _____	_____	_____
2 <sup>nd</sup> _____	_____	_____
3 <sup>rd</sup> _____	_____	_____

Date available: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

Are you willing to work weekends: \_\_\_\_\_ Holidays \_\_\_\_\_ rotation \_\_\_\_\_

Geographic area in which you would be available to work: \_\_\_\_\_

What are your reasons or goals for seeking the position(s) you have identified? \_\_\_\_\_

Would you be willing to work on an "as needed, on call" basis before being considered for a full-time position? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you willing to travel, using your own car for agency work? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have your own reliable transportation? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have auto liability? Yes \_\_\_\_\_ No \_\_\_\_\_

**V. EMPLOYMENT RECORD**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

We routinely contact an applicant's current employer for reference checks. Would this pose any particular difficulty for you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List previous employment information:

Current or last employer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Next previous employer:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position/Duties: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Salary: \_\_\_\_\_ Supervisor: \_\_\_\_\_

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

Have you ever worked for Corpus Christi Home Care, Inc? yes \_\_\_\_\_ no \_\_\_\_\_ if yes,

When: \_\_\_\_\_

What position? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Please explain all periods of unemployment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been terminated from employment? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*\*Use this space to give us other information about your personal skills or qualities, work style, interpersonal ability or communication skills, which would assist us in placing you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you provided home care previously? Please explain and describe duties:

---

---

---

Can you follow special diet instructions? Please explain experience:

---

---

---

Are you experienced in caring for older persons, disabled persons, and in providing personal care? Please explain: \_\_\_\_\_

---

---

Do you have a certificate indicating satisfactory completion of a home health aide training course approved by a State Department of Health? Yes \_\_\_\_\_ No \_\_\_\_\_ Which State(s) \_\_\_\_\_  
(attach copy of all certificates)

Please indicate your experience in the following care techniques:

Skin Care: \_\_\_\_\_

Bed bath: \_\_\_\_\_

Positioning: \_\_\_\_\_

Feeding: \_\_\_\_\_

Assist/walking: \_\_\_\_\_

Assist/toileting: \_\_\_\_\_

Specify office machines or equipment you operate: \_\_\_\_\_

Typing: yes \_\_\_\_\_ no \_\_\_\_\_ Speed \_\_\_\_\_ Shorthand: yes \_\_\_\_\_ no \_\_\_\_\_ Speed \_\_\_\_\_

## VI. PROFESSIONAL REFERENCES

Name	Address	Phone	Position	Years Known

To the best of your knowledge, do you have any allergy, health condition, or physical condition, which could threaten your health or your well being as a result of performing the duties of this job? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

To the best of your knowledge, do you have any health condition, infestation, or disease which could be communicated in the work place to a client or a co-worker, and which, if communicated, might endanger the good health of a client or co-worker? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, explain \_\_\_\_\_

Do you take any medication which makes you drowsy or diminishes your attentiveness and which thereby might threaten the safety of a client, co-worker, or yourself as you perform assigned duties? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

If your assigned tasks are lifting, carrying and/or transferring, can you safely accomplish those tasks if the weight involved is more than:  
50 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_ 75 pounds? Yes \_\_\_\_\_ No \_\_\_\_\_ 100 pounds? yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been injured on the job? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain \_\_\_\_\_

Name, address, and phone number of physician have record and/or knowledge of your medical history. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

May we contact your physician for information on your medical history? Yes \_\_\_\_\_ No \_\_\_\_\_

**VII. APPLICANT CERTIFICATION**

I certify that all information given on this application is true, correct, and complete. I also certify that I have accounted for all of my work experience, training, and physical/medical history.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment, or dismissal if I authorize any inquiry to be made on any information contained in this application. I understand that employment may be conditioned upon favorable health evaluation. If this is an application for employment, I understand that operating conditions may require me to temporarily work shifts other than the one for which I am applying, and I agree to such scheduling change as directed by supervisor or the management.

I understand that employment with Corpus Christi Home Care, Inc., will be AT-WILL, for an indefinite period of time, and may be terminated at any time, with or without cause or notice, at the option of CCHC or the employee. CCHC has the right to end employment at any time and the employee retains that same right.

I also understand that I am not to lift or transfer any object or patient by myself, unless I am familiar with the given situation and am reasonably sure that doing so alone can be safely accomplished. Otherwise, I know that it is my duty to refrain from lifting or transferring the object or patient until I have obtained assistance. I know that this policy is designed to ensure a safe environment for all concerned parties.

If the company accepts this application, I agree to abide by its policies and also to report to the appropriate office director any and all job-related accidents and illnesses immediately after occurrence, regardless of severity.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

---

**FOR OFFICE USE ONLY**

License/Certification Verification:

TYPE	STATE	NUMBER	VALID?	RESTRICTIONS	VERIFIED?
------	-------	--------	--------	--------------	-----------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Interviewer Notes:

Revised: 2-05