



EMPLOYMENT QUESTIONNAIRE

APPLICANT INFORMATION

Applicant Name _____ Date: _____

Major Cross Streets / Zip Code _____ / _____

How far are you willing to travel? (please circle): 10 mile 15 miles 20 miles Other: _____

How many hours per week would you like to work? _____

When are you available to work?

Monday: Available as early as- _____ Can work as late as- _____

Tuesday: Available as early as- _____ Can work as late as- _____

Wednesday: Available as early as- _____ Can work as late as- _____

Thursday: Available as early as- _____ Can work as late as- _____

Friday: Available as early as- _____ Can work as late as- _____

Saturday: Available as early as- _____ Can work as late as- _____

Sunday: Available as early as- _____ Can work as late as- _____

Do you have a reliable vehicle available to you? (Please circle) YES NO

Are you willing to transport individuals in your vehicle? (Please circle) YES NO

How did you hear about CJPS Home Care? _____

Do you have a family or individual with whom you will be working? YES NO Name: _____

MATCHING PREFERENCES

Do you have an age preference for the client that you serve?

___ PRE-SCHOOL (ages 2-6)

___ YOUNG ADULT (12-18)

___ SCHOOL AGE (6-12)

___ ADULT (18+)

Please describe any experience you have working with any of these age groups: _____

Do you speak any languages other than English? (Please specify) _____



Applicant Name: _____

MATCHING PREFERENCES (Continued)

Each client we serve has a variety of individualized needs. The information you provide below will help us as we attempt to find a good match for you. **Are you willing to work with an individual who:** (please circle)

Uses a WHEELCHAIR	YES	MAYBE	NO
Uses BRACES or ASSISTIVE DEVICES	YES	MAYBE	NO
HITS or SCRATCHES	YES	MAYBE	NO
BITES	YES	MAYBE	NO
SPITS	YES	MAYBE	NO
SCREAMS	YES	MAYBE	NO
PULLS HAIR	YES	MAYBE	NO
WEARS INCONTINENCE BRIEFS	YES	MAYBE	NO
Is TUBE FED	YES	MAYBE	NO
Uses a COMMUNICATION DEVICE	YES	MAYBE	NO
Has SEIZURES	YES	MAYBE	NO

What Certifications do you have: Do you have the following certifications?

CPR: ___ Yes ___ No ___ Expired

First Aid: ___ Yes ___ No ___ Expired

Article 9: ___ Yes ___ No ___ Expired

C.N.A.: ___ Yes ___ No ___ Expired

Others: _____

Fingerprint Clearance Card: ___ Yes ___ No ___ Expired

Preferred Compensation:

Between \$____/hour and \$____/hour

APPLICANT SIGNATURE _____

The information I have provided will be used to find potential clients for me. I understand that schedules are set as a mutual agreement between the employee and the client (client family). I understand I am not guaranteed any specified number of compensable service hours and the client and their family have the right to choose who provides services.

Applicant Signature _____ Date: _____

Revised June 2020