



Thank you for your interest!

WellSpring Home Care Services is the industry leader in providing non-medical homecare services to seniors who want to remain independently in their home. One of our goals is to enhance and enrich the quality of life with each and every client in the way we interact and by the services we provide. We realize that the people we employ are entrusted to care for our clients and therefore we hire only the best people at WellSpring Homecare Services, people who take pride in caring for others and ensuring to their comfort, safety and needs.

We work closely with clients and their family members to coordinate flexible schedules that will meet their needs. While some clients may need 24 hours care, others may need assistance once or twice a week.

At WellSpring Homecare Services, we strive to achieve the highest standard in homecare. Our values are not just words, but a way of doing business!

We offer the following services:

- Homemaking
- Companion Services
- Respite Services
- Friendly Reminders
- Maintenance/Handyman Services
- Hospice Support
- Alzheimer's and Dementia Support



Application for Employment

WellSpring Homecare Services does not discriminate in hiring, employment or compensation decisions on the basis of race, color, religious creed, national origin, disability, sex, sexual orientation, ancestry, veteran status or age.

PLEASE ANSWER ALL QUESTIONS	
Name:	
Date of Birth:	Driver's License/State ID#:
Social Security #:	E-Mail Address:
Home Phone:	Cell Phone:
Current Address:	
Previous Address:	
Position Applied For:	Date you are available to work:
Salary Desired \$:	
Can you perform the essential functions of the position you are applying for? Yes No	
How were you referred to us? Employment Agency, newspaper, friend, employee, internet, other:	
Do you want (Please Circle) full time (40 hours) part time (up to 32 hours)	
If less than full time what days of the week can you work? (Please circle) S M T W T F S	
Are you 18 years or older? Yes No	Can you legally work in the U.S.? Yes No
What skills do you have that are relevant for working with seniors and adults in homecare?	
What languages other than English do you speak?	
Were you previously employed by WellSpring Homecare Services? If so, dates and position:	
Do you have any relatives currently employed by WellSpring Homecare Services? If so, please identify:	

Name				Phone Number				
In case of emergency whom should we contact?								
Do you have a reliable car?		YES	NO	Do you have car insurance?		YES	NO	
Do you have allergies?		YES	NO	If yes, what are they?				
EDUCATION								
Name of High School:			Years Attended:		Did you graduate? Yes			No
Name of College:			Years Attended:		Did you graduate? Yes		No	Degree
Name of Graduate School:			Years Attended:		Did you graduate? Yes		No	Degree
Name of Professional Organization:			Years Attended:		Diploma/Licenses Obtained			
Scholastic Honors:								
Do you have any additional skills/certification you wish to let us know about?								
EMPLOYMENT HISTORY								
Starting with your most recent employer, list all previous employers, including self-employment, part-time or verifiable volunteer work.								
Company:		Dates of Employment			From		To	
Address:		Telephone:		Starting Salary		Ending Salary		
Supervisor's Name and Contact Phone Number:								
Position and Duties:								
Reason for Leaving:								
May we contact your previous employer for a reference? Yes No								
Company:		Dates of Employment			From		To	
Address:		Telephone:		Starting Salary		Ending Salary		
Supervisor's Name and Contact Phone Number:								

Position and Duties:
Reason for Leaving:

May we contact your previous employer for a reference? Yes No			
Company:	Dates of Employment	From	To
Address:	Telephone:	Starting Salary	Ending Salary
Supervisor's Name and Contact Phone Number:			
Position and Duties:			
Reason for Leaving:			
May we contact your previous employer for a reference? Yes No			
Please state any other work experience, including civic, trade or business organizations, you believe might be of value to WellSpring Homecare Services. You may exclude membership which would reveal your race, color, age, religion, national origin, mental or physical disability, sexual orientation or ancestry.			

REFERENCES			
Please list three non-related professional references:			
Name	Company	Telephone	Years Known
Name	Company	Telephone	Years Known
Name	Company	Telephone	Years Known

CRIMINAL RECORD
An applicant for employment with a sealed record on file with the commissioner of probation may answer "no record" with respect to an inquiry herein relative to prior arrest, criminal court appearances or convictions. In addition, any applicant for employment may answer "no record" with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. A conviction record will not necessarily be a bar to employment. Factors such as age at time of offense, seriousness and nature of the violation and rehabilitation will be taken into account.

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

Have you ever been convicted of a misdemeanor within the past five years or finished a period of incarceration for a misdemeanor within the past five years? Yes No

(You need not answer "Yes" with respect to a first conviction for drunkenness, simple assault, minor traffic violations, affray or disturbance of the peace.)

If yes, please explain:

By processing this employment application WellSpring Homecare Services may request that a bonding investigative consumer report be prepared, which may include credit bureau reports, employment references, educational achievements and information as to your character, general reputation and police record, Your signature below indicates your assent to this.

I hereby authorize WellSpring Homecare Services to report any information to any prospective employer, governmental agency or any other person or entity having a legitimate business need concerning any transactions or experiences between myself and WellSpring Homecare Services arising out of my employment. You have the right to request that WellSpring Homecare Services completely and accurately disclose to you, the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department within a reasonable time after you complete this application.

I understand that, upon employment, I must provide proof of employment authorization and proof of identity. Failure to do so in accordance with federal specifications will result in immediate employment termination. I understand that if I am hired, the length of my employment is not guaranteed. Recognizing that I will be free to voluntarily terminate my employment at any time, with or without cause, I acknowledge that WellSpring Homecare Services will be free to terminate my employment at any time, with or without cause. The facts set forth in my application for employment and any attached resumes are true and complete. I understand that, if employed, any false statement or deliberate omission may result in my dismissal.

I hereby acknowledge that I have read the above statements and understand them. I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature of Applicant:

Date: