





**AVAILABILITY**

Due to the nature of the business, no guarantee can be made as to the schedule or the number of hours worked.  
 What date are you available to begin work? Month, Date, Year \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please complete all areas of availability:**

Mornings \_\_\_\_ Afternoon \_\_\_\_ Evenings \_\_\_\_ Overnights \_\_\_\_ Weekdays \_\_\_\_ Weekends \_\_\_\_

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

**PREFERENCES**

Please indicate all areas of the counties in which you are willing to work:

Fairfield County \_\_\_\_ New Haven County \_\_\_\_ Hartford County \_\_\_\_ Norwalk CT \_\_\_\_ Darien CT \_\_\_\_ Stamford \_\_\_\_

Put a check mark next to the duty's you have done before so that Marcel Home Care is aware of your skills.

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/vacuum)	<input type="checkbox"/>	Errands/Shopping/Transportation
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry	<input type="checkbox"/>	Personal Care
<input type="checkbox"/>	Activities games/crafts	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Dementia/Alzheimer's Care

To be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted, and proof of insurance will be required.

Are you willing to provide service to a client with a pet? YES / NO If yes, which ones: Cats Dogs

Are you willing to provide service to a client that smokes? YES /NO

Are you legally authorized to work the United States? YES /NO

Have you ever been employed here before? YES /NO

Have you ever applied here before? YES /NO

Have you been given a copy of the job description YES/ NO

How did you hear about Marcel Homecare? Walk-In / New Letter / Internet/ Other

Have you ever had a traffic violation(s) YES /NO if yes, Please describe:

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**JOB RELATED SKILLS**

Schools Name	City, State	Major / Subjects	Years Attended	Graduate (circle)
High School				YES NO
Vocational/ Technical				YES NO
Collage/ University				YES NO
Certification /License				YES NO

Please circle highest grade completed: Grade School: 6 7 8 High School: 9 10 11 12 College: 13 14 15 16

For employment, our minimum education requirement is either a GED or High School diploma

**WORK HISTORY**

Your application will not be considered unless all questions in this section are answered. Since we will make every effort to contact previous employers, the correct telephone numbers of past employers are essential.

**MOST RECENT EMPLOYER**

Are you currently working for this employer? YES/ NO If yes, may we contact? YES/NO

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Company Name City State Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
 Job Title Supervisor's Name

Duties

\$ \_\_\_\_\_ per \_\_\_\_\_  
 Salary Reason for Leaving

**SECOND MOST RECENT EMPLOYER**

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Company Name City State Phone Number

Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_  
 Job Title Supervisor's Name

Duties

\$ \_\_\_\_\_ per \_\_\_\_\_  
 Salary Reason for Leaving



**THIRD MOST RECENT EMPLOYER**

\_\_\_\_\_ ( ) \_\_\_\_\_  
 Company Name City State Phone Number  
 Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Job Title Supervisor's Name

\_\_\_\_\_ Duties  
 \$ \_\_\_\_\_ per \_\_\_\_\_ Salary Reason for Leaving

**REFERENCES** (Do not include relatives)

Names	Phone Numbers	Years
1)		
2)		
3)		

**Job Related Skills**

Describe any training or life skills that apply to caring for a senior:

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

**CERTIFICATION OF RELEASE:** I certify that I have read and understand the application note on page (1) of this form and that the answers given by me to the foregoing questions and the statement made by me are complete and true to the best of knowledge and behalf. I understand that and false information, omission or misrepresentations of facts in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any of this information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby releasing said persons, schools, companies and the law might result from making such investigations. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit a drug testing to detect the use of illegal drugs prior to and during employment. I understand that this is an application is not a contract of employment. My employment is contingent upon confirmation of credentials a successful completion of drug test or criminal background check. I also understand that if hired, regardless of any oral presentations to the contrary, of employment relationship between Marcel Home Care, LLC. and myself is terminable at-will, so that both the company and I remain free of choice to end our work relationship at any time for any or no reason, any changes disclosed. I also understand that due to the nature of the business, no amount of work can be guaranteed from Marcel Home Care, LLC.

X \_\_\_\_\_  
 Application Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Today's Date:



## Annual T B Questionnaire

The annual Tuberculosis Questionnaire is used to evaluate your current TB status. We cannot utilize the tuberculin skin test (PPD or Mantoux) because you have a positive reaction to the test. A positive skin test means that sometime during your life you came into contact with tuberculosis or have had a vaccination to prevent you from contracting tuberculosis. It does not mean that you have TB now.

In the past yearly chest x-rays were performed; however, recent studies show that they are unnecessary. Instead, this health survey will assist Employee Health to monitor possible TB Symptoms. Chest x- rays are required every two years.

TB symptoms can progress slowly and/or mimic other diseases. You can develop symptoms of

TB a few weeks after contracting the bacteria-or not until years after the initial infection. The questionnaire targets some of the most common symptoms. Please familiarize yourself with them. You are the first to know when you are not feeling well and may have TB symptoms.

### Tuberculosis Health Check Survey

Have you ever experienced any of the following symptoms **NOT** associated with a specific illness (i.e. flu or cold) lasting 3 weeks or longer?

Cough	YES	NO
Blood Streaked Sputum (phlegm)	YES	NO
Loss of Weight (unplanned)	YES	NO
Night Sweats	YES	NO
Fever	YES	NO
Anorexia (loss of appetite)	YES	NO

This authorization will expire one year from the dated signature below.

Print Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_