



# EMPLOYMENT APPLICATION

1st CHOICE IN-HOME CARE TEXAS

Dallas | Houston | Donna / Rio Grande Valley

## APPLICANT AND POSITION INFORMATION

Please complete this application as fully as possible. Do not include a Social Security number, bank or credit-card information, medical diagnoses, or other unnecessary sensitive information. Submission of this application does not guarantee employment. Additional screening, verification, and position-specific documents may be requested later.

### 1. APPLICANT INFORMATION

Full Legal Name

Preferred Name

Street Address

City

State

ZIP Code

Primary Phone

Alternate Phone

Email

Preferred Language:

☐ English

☐ Spanish

☐ Other

If Other, Specify

### 2. POSITION REQUESTED

Position Applying For:

☐ Caregiver

☐ Office / Administrative

☐ Other

Other Position

Employment Preference:

☐ Full-time

☐ Part-time

☐ Floater / PRN

☐ Temporary

Preferred Service Area:

☐ Dallas

☐ Houston

☐ Donna / RGV

☐ Flexible

Earliest Available Start Date

Desired / Expected Hourly Rate (Optional)

Have you previously worked for 1st Choice In-Home Care?

☐ Yes

☐ No

If Yes, When / Location

## AVAILABILITY, WORK ELIGIBILITY, AND QUALIFICATIONS

### 3. WORK AVAILABILITY

**Days Available:**

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

**Times Available:**

☐ Morning ☐ Afternoon ☐ Evening ☐ Overnight

**Availability Notes / Scheduling Restrictions**

### 4. WORK ELIGIBILITY AND TRANSPORTATION

**Are you at least 18 years old?**

☐ Yes ☐ No

**Are you legally authorized to work in the United States?**

☐ Yes ☐ No

**Will you now or in the future require employer sponsorship to work in the United States?**

☐ Yes ☐ No

**Do you have reliable transportation to assigned work locations?**

☐ Yes ☐ No

**If a position requires driving, do you currently hold a valid driver's license?**

☐ Yes ☐ No ☐ Not Applicable

### 5. EDUCATION, TRAINING, AND CERTIFICATIONS

**Highest Level of Education Completed**

**School / Program**

**Current Certifications / Training (check all that apply):**

☐ CNA ☐ Home Health Aide ☐ CPR / First Aid ☐ Other

**Other Certifications / Training / License Information**

Caregiver assignments may involve personal care, mobility assistance, transfers, meal preparation, housekeeping, companionship, errands, and other client-specific tasks. The essential functions and physical requirements of each position or assignment will be discussed as appropriate and evaluated in accordance with applicable law.



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## EMPLOYMENT HISTORY

Please list your most recent employers, beginning with the most recent. Include volunteer or caregiving experience if it is relevant to the position. Use an additional sheet if more space is needed.

### EMPLOYER 1

Employer / Organization

Phone

Job Title

Start Date

End Date

Supervisor

May We Contact This Employer?

☐ Yes

☐ No

Primary Duties / Responsibilities

Reason for Leaving

### EMPLOYER 2

Employer / Organization

Phone

Job Title

Start Date

End Date

Supervisor

May We Contact This Employer?

☐ Yes

☐ No

Primary Duties / Responsibilities

Reason for Leaving

## CAREGIVING EXPERIENCE AND REFERENCES

### 6. RELEVANT CAREGIVING EXPERIENCE

Experience (check all that apply):

- |                                                                     |                                                         |
|---------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Personal care / activities of daily living | <input type="checkbox"/> Light housekeeping / laundry   |
| <input type="checkbox"/> Bathing / grooming / dressing              | <input type="checkbox"/> Companionship / supervision    |
| <input type="checkbox"/> Mobility / walking assistance              | <input type="checkbox"/> Memory-care / dementia support |
| <input type="checkbox"/> Transfers / wheelchair assistance          | <input type="checkbox"/> Medication reminders           |
| <input type="checkbox"/> Meal preparation                           | <input type="checkbox"/> Errands / appointments         |

Describe Your Caregiving, Healthcare, or Related Experience

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### 7. REFERENCES

Please provide three references. Professional references are preferred.

Reference 1

| Name  | Relationship / Company | Phone / Email |
|-------|------------------------|---------------|
| <hr/> | <hr/>                  | <hr/>         |

Reference 2

| Name  | Relationship / Company | Phone / Email |
|-------|------------------------|---------------|
| <hr/> | <hr/>                  | <hr/>         |

Reference 3

| Name  | Relationship / Company | Phone / Email |
|-------|------------------------|---------------|
| <hr/> | <hr/>                  | <hr/>         |

Reference information will be used only for employment-related purposes. If additional authorization is required for background screening or other checks, 1st Choice will provide the appropriate separate disclosure and authorization.



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## APPLICANT STATEMENT AND SIGNATURE

### 8. APPLICANT STATEMENT

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false statements, material omissions, or misrepresentations may result in disqualification from consideration or, if employed, may result in corrective action up to and including termination, subject to applicable law. I understand that submitting this application does not create a contract of employment or guarantee employment. I authorize 1st Choice In-Home Care Texas to verify information provided in this application and to contact the references and employers I have identified, subject to applicable law. Any background check or other screening requiring a separate disclosure or authorization will be handled on the appropriate separate form.

### Equal Employment Opportunity

1st Choice In-Home Care Texas considers qualified applicants without unlawful discrimination and is committed to a professional, respectful workplace. Employment decisions are made in accordance with applicable federal, state, and local law and the requirements of the position.

**Applicant Signature**

**Date**

**Printed Name**

**Preferred Service Area**

RETURN INSTRUCTIONS: Return the completed application to the 1st Choice In-Home Care Texas office nearest you, or use another return method specifically provided by 1st Choice staff. Questions? Call (956) 464-2937 or email [sandra@1stchoicein-homecare.com](mailto:sandra@1stchoicein-homecare.com). Please do not send Social Security numbers or other unnecessary sensitive information by ordinary email.

### FOR OFFICE USE ONLY

**Date Received**

**Office / Service Area**

**Reviewed By**

**Interview Date**

**Status**

**Follow-Up Date**

**Office Notes**