

Name (last)	(first)	(middle)										
Address		City State/Zip										
Phone	E-mail	When could you start working?										
Hours/Days available for work:												
<b>Educational Background:</b> Name of school, City, State, major course of study, diploma or degree												
<b>Employment Background:</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Position</th> <th style="width: 30%;">Employer's name</th> <th style="width: 20%;">Address</th> <th style="width: 15%;">Phone</th> <th style="width: 15%;">Supervisor</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Position	Employer's name	Address	Phone	Supervisor					
Position	Employer's name	Address	Phone	Supervisor								
What kind of experience do you have that would make you a good Home Care Aide?												
Reliable transportation is a requirement to be a Home Care Aide. Will you be able to provide proof of the following:												
Valid Washington State Driver's License	yes <input type="checkbox"/>	no <input type="checkbox"/>										
Current automobile liability insurance	yes <input type="checkbox"/>	no <input type="checkbox"/>										
Clean motor vehicle driving record	yes <input type="checkbox"/>	no <input type="checkbox"/>										
I authorize these references to provide information about me to VNHC												
Name	Relationship to applicant	Phone #'s										
1.												
2.												
3.												
4.												
I understand that any offer of employment will be subject to												
<ul style="list-style-type: none"> <li>▪ verification of all job qualifications</li> <li>▪ proof that I am legally authorized to work in the United States</li> <li>▪ completion of a confidential Washington State Background Inquiry</li> <li>▪ completion of a tuberculin test</li> <li>▪ clean driving record</li> </ul>												
_____ Signature of Applicant		_____ Date										

Return this form by mail to: Julie Barcus, HR Liaison, VNHC, 600 Birchwood #100 Bellingham WA 98225  
 or by e-mail to: [julieba@vnhomecare.org](mailto:julieba@vnhomecare.org)  
 or by fax to: 360-752-1092