



YOUR RIGHT HAND

Employment Application

Personal Information:

Legal Name

First Name _____ Middle Name _____ Last Name _____

Preferred Name _____

Email _____ Contact Number _____

Date of Birth _____ Gender Male _____ Female _____

Street Address _____

City _____ State _____ Zip Code _____

Highest Level of Education:

School _____

Degree _____

Work Information & Preferences

Volunteer or Personal Experience:

Describe volunteer, work or personal experience assisting the elderly or disabled.

Licenses, Certifications and Special Trainings:

Type _____

License Number _____ Granted By _____

Current Work Status:

Full Time_____ Part Time_____ Retired_____
Not Currently Working_____ Stay-at-Home Parent_____
Student (must be 21)_____

Transportation:

Do you have a registered automobile, required insurance and driver’s license?
Yes_____ No_____

Are you able to transport clients in your own vehicle, which is neat, clean, in good repair,
accommodates a walker and carries business-use insurance of \$100,000/\$300,000?
Yes_____ No_____

Schedule:

Do you have an estimate of how many hours per week you would like to work?
Circle One 2 – 4 4 – 8 8 – 12 12 – 15 All the work I can get!

Do you have preferred times of day?
Mornings_____ Afternoons_____ Evenings_____ Weekends_____

When will you be available to start work? (No date is necessary if you are available as soon as
you give two (2) weeks notice.)_____

While we do not assist clients with safe transfers, we may be asked to carry groceries up several
flight of steps, move light boxes around the home, etc. Do you have any limitations that would
prevent you from assisting our clients in that manner?
Yes_____ No_____
If Yes, please explain_____

Have you been fully vaccinated for Covid-19? Given the higher risk profile of our clients, we
require that our employees be vaccinated in accordance with CDC recommendations.
Yes_____ No_____ Dates_____

Have you had the Flu Vaccine?
Yes_____ No_____ Date_____

More About You:

Please provide a little insight on why you would like to work for Your Right Hand LLC.

References:

List names, email addresses and relationships of three persons not related to you who know your qualifications (professional references preferred):

Name _____
Email _____
Phone _____
Relationship _____

Name _____
Email _____
Phone _____
Relationship _____

Name _____
Email _____
Phone _____
Relationship _____

We would love to know where you heard about Your Right Hand LLC?

How did you hear about us? _____

Please sign and date below:

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Your Right Hand. I understand that all information on this application is subject to verification and I consent to criminal history and DMV background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Your Right Hand LLC to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, organizations or systems on a need-to-know basis for good cause.

Printed Name

Signature

Date
