

Health Care Services  
400 Reservoir Ave.  
Suite LL-J  
Providence RI 02907  
401-941-9710

Pre-Application/Interview

Date: \_\_\_\_\_

Position: \_\_\_\_\_ License # \_\_\_\_\_ (If applicable) SS # \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Last MI First MM/DD/YY*

Address: \_\_\_\_\_  
*Street City State Zip*

Telephone: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Availability:

	S	M	T	W	TH	F	S
From							
To							

Additional Comments: \_\_\_\_\_

Total Hours Available Per Week: \_\_\_\_\_ Date Available to Start Work: \_\_\_\_\_

Can you speak a foreign language? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language? \_\_\_\_\_

How will you commute to work? Car \_\_\_\_\_ Bus \_\_\_\_\_ Other \_\_\_\_\_

Will you work with clients that smoke? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you work with clients that have pets? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, please specify \_\_\_\_\_

Are you comfortable working with male and female clients? \_\_\_\_\_

Do you have travel limitations? \_\_\_\_\_

If you are considered for employment we will run your name through the National Criminal Background Check Program. If you are determined eligible for hire you will then proceed to the office of the Attorney General for fingerprinting.

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*Office Use Only*

The above information has been explained to the potential applicant.

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Agency Representative Signature