



Home Care Options

A Christian Health Service

Home Care and Home Health Care

An Equal Opportunity Employer

Home Care Employment Application

Applicant's Name: _____ Date: _____

Address: _____ Zip Code: _____ Phone: _____

Email Address: _____ Cell phone Number: _____

Are you a licensed CHHA? No Yes # _____ Exp. date: _____

Available: 4 hours per day 8 hours per day 12 hours Other: _____

Education: High school Diploma GED

Post High school Associate Degree Bachelor's Other: Currently enrolled in RN program

Do you have a current Home Health Aide Certificate: Yes No If yes, Cert. #: _____

Do you drive and have your own car? Yes No Do you have a smart cell phone? Yes No

Do you speak a second language? _____

I want to become a Home Care Aide because _____

Applicant's
signature _____ Date: _____

Please email or fax this form back to scanion@christianhealthnj.org Fax 973 523 5228