



PRE-EMPLOYMENT QUESTIONNAIRE

Please answer each of the following questions truthfully and accurately. The information you provide will be used to determine the cases to which you will be assigned. Inaccurate information may cause incorrect case assignments and could adversely impact your chances of employment.

Employee Information

Name: _____ Date: _____
Address: _____ City: _____
State: _____ Zip Code: _____

Check the appropriate answer

1) Have you ever worked for, or registered with Personal Touch before? ☐ YES ☐ NO

2) Are you applying for training as a Home Health Aide? ☐ YES ☐ NO

3) Are you already certified? ☐ YES ☐ NO

If yes, which agency: _____

4) Are you currently working at another Agency? ☐ YES ☐ NO

5) When was the last time you worked as a Home Health Aide? **Date:** _____

6) Which of the following days are you available to work?
(Check all that apply): ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY
☐ THURSDAY ☐ FRIDAY ☐ SATURDAY
☐ SUNDAY

7) Which of the following shifts are you available to work
(Check all that apply): ☐ DAYS ☐ EVENINGS ☐ OVERNIGHTS

8) Are you available to work as a "Live-in"? (24 hours per day) ☐ YES ☐ NO

If yes, check which days: ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY
☐ THURSDAY ☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

9) In which Boroughs are you available to work?
(Check all that apply): ☐ QUEENS
☐ BROOKLYN
☐ MANHATTAN
☐ BRONX
☐ STATEN ISLAND

10) Which of the following languages do you speak?
(Check all that apply): ☐ ENGLISH ☐ SPANISH ☐ RUSSIAN
☐ CREOLE ☐ ITALIAN ☐ HINDI
☐ POLISH ☐ YIDDISH ☐ HEBREW
☐ CHINESE

DIALECT: _____