



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 YES NO
before?

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
 CREEOLE ITALIAN HINDI
 POLISH YIDDISH HEBREW
 CHINESE

DIALECT: _____