



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status.

| | | |
|----------------|-------|------|
| Name | | Date |
| Street Address | | |
| City | State | ZIP |
| Phone | SSN | |

Emergency Contact

| | |
|---------|--------------|
| Name | Phone |
| Address | Relationship |

I am applying for a position as a

Have you ever been convicted of a felony?

yes no

If yes, please provide details

Transportation:

Many caregiver positions require the caregiver to transport a client.

| | | |
|--|----------------------|-------------------------|
| Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no | | Make and model car |
| License plate # | Driver license # | Auto insurance policy # |
| Insurance company | Insurance agent name | Insurance agent phone |

Availability

| | | | |
|--|---------------------------------|--|--|
| Number of hours you would like to work | Times you are available to work | Any times <i>not</i> available to work | Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no |
| Comments | | | |



Education

| | | |
|---------------------------|------------|-------|
| High school | City/State | Dates |
| College | City/State | Dates |
| Other | City/State | Dates |
| Degrees/certificates | | |
| Special skills or courses | | |

Experience

| |
|---|
| Discuss any training or experience working with the elderly |
| What would you like most about working with the elderly? |
| What would you like least about working with the elderly? |

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

| | | | | | |
|------------------|--|-------------------|--|----------------------|--|
| Companion-ship | <input type="checkbox"/> yes <input type="checkbox"/> no | Vacuuming | <input type="checkbox"/> yes <input type="checkbox"/> no | Laundry | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Bathing/dressing | <input type="checkbox"/> yes <input type="checkbox"/> no | Dusting | <input type="checkbox"/> yes <input type="checkbox"/> no | Grocery shopping | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Grooming | <input type="checkbox"/> yes <input type="checkbox"/> no | Clean bathrooms | <input type="checkbox"/> yes <input type="checkbox"/> no | Cooking | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Incontinence | <input type="checkbox"/> yes <input type="checkbox"/> no | Clean kitchen | <input type="checkbox"/> yes <input type="checkbox"/> no | Driving | <input type="checkbox"/> yes <input type="checkbox"/> no |
| Transfer assist | <input type="checkbox"/> yes <input type="checkbox"/> no | Bed linen changes | <input type="checkbox"/> yes <input type="checkbox"/> no | Medication reminders | <input type="checkbox"/> yes <input type="checkbox"/> no |



Employment History

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.

May we contact your current employer?

yes no

| | | |
|------------|-------------|----|
| Company | From | To |
| Job title | Reason left | |
| Duties | | |
| Supervisor | Phone | |
| Company | From | To |
| Job title | Reason left | |
| Duties | | |
| Supervisor | Phone | |
| Company | From | To |
| Job title | Reason left | |
| Duties | | |
| Supervisor | Phone | |
| Company | From | To |
| Job title | Reason left | |
| Duties | | |
| Supervisor | Phone | |



Business References

| | | | |
|------|---------|--------------------------|---------------|
| Name | Address | Relationship/Years Known | Local Phone # |
| Name | Address | Relationship/Years Known | Local Phone # |
| Name | Address | Relationship/Years Known | Local Phone # |
| Name | Address | Relationship/Years Known | Local Phone # |
| Name | Address | Relationship/Years Known | Local Phone # |

Personal References

| | | | |
|------|---------|--------------------------|---------------|
| Name | Address | Relationship/Years Known | Local Phone # |
| Name | Address | Relationship/Years Known | Local Phone # |
| Name | Address | Relationship/Years Known | Local Phone # |
| Name | Address | Relationship/Years Known | Local Phone # |
| Name | Address | Relationship/Years Known | Local Phone # |

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

For Office Use Only - Interviewer Comments

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