



application for employment

Date:

Name (Print)	Last	First	Middle
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Present Address	Street and Number	City	State	Zip Code	Length of time there? Years Months
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Previous Address	Street and Number	City	State	Zip Code	Length of time there? Years Months
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Telephone No.	Daytime/Cellular Telephone	Social Security Number
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Have you ever worked for this company before? Yes No

If yes, please give dates and position:

NOTE: Answering yes to the following two questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account. (Do not include minor traffic infractions and convictions for which the record has been sealed or expunged, any conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed, referrals to and participation in any pretrial or post diversion programs, and marijuana-related offenses that occurred over two years ago in answering these questions.)

Have you ever pled guilty or no contest to, or been convicted of, a misdemeanor or felony? Yes No

If yes, please give date(s) and details:

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No

If yes, please give date(s) and details:

Availability

Position Desired:

Live-in Live-out (full time) Live-out (part time)

Please specify the times you are available to work.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

May we call you in an emergency?

Yes No

Many caregiver positions require the caregiver to transport clients. Please complete the following information:

Do you have dependable transportation? [] YES [] NO	Make and model of car	
License Plate Number	Drivers License Number	Auto Insurance Policy Number
Insurance Company	Insurance Agent Name	Insurance Agent Phone

Record of Previous Employment

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

[Add additional page if necessary]

Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo./yr.) to (mo./yr/)	Pay Start Final	Your title or Position Name and Title of Last Supervisor	Exact Reason for Leaving:
Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo./yr.) to (mo./yr/)	Pay Start Final	Your title or Position Name and Title of Last Supervisor	Exact Reason for Leaving:
Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo./yr.) to (mo./yr/)	Pay Start Final	Your title or Position Name and Title of Last Supervisor	Exact Reason for Leaving:
Present or Last Employer Address City, State, ZIP Code Telephone	Employed From (mo./yr.) to (mo./yr/)	Pay Start Final	Your title or Position Name and Title of Last Supervisor	Exact Reason for Leaving:

Have you ever been terminated or asked to resign from any job? [] Yes [] No If Yes, please explain circumstances:

Please explain fully any gaps in your employment history:

May we contact your current employer? [] Yes [] No If No, please explain:

Please indicate any actual experience; special training and qualifications that you have which you feel are relevant to the position for which you are applying.

Have you ever used another name? [] Yes [] No. Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain:

If hired, can you furnish that you are over 18 years of age? [] Yes [] No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying, with or without reasonable accommodation?
 [] Yes [] No

Do you have adequate transportation to and from work? [] Yes [] No

How many days of work have you missed in the last three years due to reasons other than paid holidays and vacation?

Year	Number of days	Year	Number of days	Year	Number of days

Education

School Name	Years Completed (Circle)	Diploma / Degree	Describe Course of Study or Major	Describe Specialized training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

Personal References

Please list persons who know you well—**not** employers or relatives

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Known

This application will be considered active for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date _____ Signature of Applicant _____

APPLICANT SKILLS SUMMARY

Please let us know if you have had experience in any of the following tasks. Check all that apply:

- | | | | |
|---------------------------------------|---|--|---------------------------------------|
| <input type="checkbox"/> Driving | <input type="checkbox"/> Meal Preparation | <input type="checkbox"/> Cooking | <input type="checkbox"/> Housekeeping |
| <input type="checkbox"/> Transferring | <input type="checkbox"/> Dressing | <input type="checkbox"/> Feeding | <input type="checkbox"/> Toileting |
| <input type="checkbox"/> Diapering | <input type="checkbox"/> Transporting | <input type="checkbox"/> Shaving | <input type="checkbox"/> Hair Care |
| <input type="checkbox"/> Dental Care | <input type="checkbox"/> Laundry | <input type="checkbox"/> Exercise | <input type="checkbox"/> Charting |
| <input type="checkbox"/> Bathing | <input type="checkbox"/> Gardening | <input type="checkbox"/> Lifting | <input type="checkbox"/> Bill Paying |
| <input type="checkbox"/> Shower | <input type="checkbox"/> Organizing | <input type="checkbox"/> Knows Special Diets | |
| <input type="checkbox"/> Tub | | | |
| <input type="checkbox"/> Bed/Sponge | | | |
| <input type="checkbox"/> Bed Making | | | |
| <input type="checkbox"/> Occupied | | | |
| <input type="checkbox"/> Unoccupied | | | |

Please let us know if you have worked with clients who have had any of the following:

- | | | | |
|---|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Dementia | <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Stroke | <input type="checkbox"/> Cancer | <input type="checkbox"/> Other: _____ |

Please let us know if your working preference:

- | | | |
|--|---|--|
| <input type="checkbox"/> Live-In Only | <input type="checkbox"/> Live-Out Only | <input type="checkbox"/> Live-In or Live-Out |
| <input type="checkbox"/> Private Duty Only | <input type="checkbox"/> Facility Work Okay | |

Do you speak any other languages? *(Please Specify)* _____

Applicant Name *(Please Print)*

Applicant Signature

Comments: *(Office Use Only)*