

**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.

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| --- | --- | --- | --- | --- |
| Name | | | Date | |
| Street Address | | City | | |
| State | Zip | Phone | | Email |

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| **Emergency Contact** | |
| Name | Phone |
| Address | Relationship |

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| I am applying for a position as a: |
| Have you ever been convicted of a felony?  ☐ yes ☐ no |
| If yes, please provide details |

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| **Transportation:** *Many caregiver positions require the caregiver to transport a client.* |  |
| Do you have dependable transportation?  ☐ yes ☐ no | Make and model of car |
| A Driver’s License and proof of auto insurance will be required at time of hire. Are you able to provide these?  ☐ yes ☐ no | |

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| **Availability** |  | | | | | |
| Number of hours you would like to work per week: | Times you are available to work: | | Any times *not* available to work | | Can you be called at the last minute in case of emergency?  ☐ yes ☐ no | |
| Comments | | | | | | |
| **Education** | | | | | |  |
| High school | | City/State | | Did you Graduate? | | |
| College | | City/State | | Degree/ Major | | |
| Other | | City/State | | Field of Study | | |
| Degrees/certificates | | | | | | |
| Special skills or courses | | | | | | |
| **Foreign Language** | | | | | | | |
| In what foreign languages, if any, are you proficient to speak, read or write? | | | | | | | |

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| **Experience** |
| List 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? |

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| Skills *Please indicate whether you have assisted with or performed the following tasks for seniors.* | | | | | |
| Companion- ship | ☐ yes ☐ no | Vacuuming | ☐ yes ☐ no | Laundry | ☐ yes ☐ no |
| Bathing/ dressing | ☐ yes ☐ no | Dusting | ☐ yes ☐ no | Grocery shopping | ☐ yes ☐ no |
| Grooming | ☐ yes ☐ no | Clean bathrooms | ☐ yes ☐ no | Cooking | ☐ yes ☐ no |
| Incontinence | ☐ yes ☐ no | Clean kitchen | ☐ yes ☐ no | Driving | ☐ yes ☐ no |
| Transfer assist | ☐ yes ☐ no | Bed linen changes | ☐ yes ☐ no | Medication reminders | ☐ yes ☐ no |

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| **Employment History** Please go back at least five years and tell us about your work history. Please list your most recent employment first, and list up to five previous employers, (if needed). | | | |
| May we contact your current employer?  ☐ yes ☐ no | | | |
| **Company 1** | From | | To |
| Job title | Reason left | | |
| Duties | | | |
| Supervisor | Phone | | |
| **Company 2** | From | | To |
| Job title | Reason left | | |
| Duties | | | |
| Supervisor | Phone | | |
| **Company 3** | From | | To |
| Job title | Reason left | | |
| Duties | | | |
| Supervisor | Phone | | |
| **Company 4** | From | To | |
| Job title | Reason left | | |
| Duties | | | |
| Supervisor | Phone | | |

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| **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 # |

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| **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 # |

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| **For our recruitment purposes** |
| How did you learn of this position? ☐ Internet ☐Newspaper ☐Job Board ☐Employment office ☐Current employee ☐Other  Please provide specific name of entity checked above: |

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| **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 |

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| **For Office Use Only** – Interviewer Comments |

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