



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.

Please complete all fields

Name		Date
Street Address		
City	State	ZIP
Phone cell #:	Phone Service Carrier: Circle One ATT / Verizon / T-Mobile / Other: _____	
Phone Home:	Email Address	

Emergency Contact	
Name	Phone
Address	Relationship

Training You Have Completed <small>(√ the training you have completed and hold a certificate for)</small>	
<input type="checkbox"/> Nursing Assistant Completed a minimum of an 75 hour Course	<input type="checkbox"/> HHA Completed a minimum of an 80 hour Course
<input type="checkbox"/> PCA Completed a minimum of an 40 hour Course	<input type="checkbox"/> Hmker Completed a minimum of an 20 hour Course

Skills: Please indicate whether you have experience with assisting or performing the following tasks for elders:

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

Please complete all fields

Availability

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

Transportation:

Many caregiver positions require the caregiver to transport a client.

Would you be using Public Transportation or your own personal car ?	Make:	Year:	Model:
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A Driver's License and proof of auto insurance will be required at time of hire. Are you able to provide these?

yes no

Experience

What do you like most about working with the elderly population?

What do you like least when working with the elderly population?

Education

Special Skills or Trainings /Certifications/Degrees (you may be asked to provide copies)

High school	City/State	Did you Graduate? Date of graduation. <input type="checkbox"/> yes <input type="checkbox"/> no
College	City/State	Degree/ Major Date of graduation
CNA/HHA Training Provider Name	Address / Telephone #	Did your receive a certificate of completion? <input type="checkbox"/> yes <input type="checkbox"/> no Are you currently certified? <input type="checkbox"/> yes <input type="checkbox"/> no
Other care-giver/ homemaker training	Address / Telephone #	Did your receive a certificate of completion?

Foreign Language

What foreign languages do you speak . read or write well?

Employment History*Please complete all fields*

Please 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 Name	From	To
Company Address	Company telephone number	
Job title	Reason left	
Duties		
Name of Supervisor	Phone	

May we contact this employer? yes no

Company Name	From	To
Company Address	Company telephone number	
Job title	Reason left	
Duties		
Name of Supervisor	Phone	

May we contact this employer? yes no

Company Name	From	To
Company Address	Company telephone number	
Job title	Reason left	
Duties		
Name of Supervisor	Phone	

May we contact this employer? yes no

Company Name	From	To
Company Address	Company telephone number	
Job title	Reason left	
Duties		
Name of Supervisor	Phone	

