

## 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	e				
Street Address												
City					:	State Z			ZIP			
Phone cell#:						Phone Service Carrier: Circle One ATT / Verizon / T-Mobile / Other:						
Phone Home:					I	Email Address						
Emergency	Contact	t										
Name						Phone						
Address						Relationship						
Training Yo	u Have (	Comple	tec	$\mathbf{j}$ ( $$ the training you	have	compl	eted and ho	ld a	certificate fo	r)		
□ Nursing Assistant Completed a minimum of an 75 hour Course □ HHA Completed a minimum of an 80 hour Course												
□ PCA Completed a minimum of an 40 hour Course □ Hmker Completed a minimum of an 20 hour Course												
<b>Skills:</b> Please indicate whether you have experience with assisting or performing the following tasks for elders:												
Companion- ship	□ yes	□ по		Vacuuming		yes	□ no		Laun		□ yes	□ no
Bathing/ dressing	□ yes	□ no		Dusting		yes	□ no		Groo shop	-	□ yes	□ no
Grooming	□ yes	□ no		Clean bathrooms		yes	□ no		Cook	ing	□ yes	□ no
Incontinence	□ yes	□ no		Clean kitchen		yes	□ no		Drivin		□ yes	□ no
Transfer assist	□yes	$\square$ no		Bed linen changes	П	yes	□ no		Medica remina		□ yes	$\square$ no

## Please complete all fields

Number of hours you would like			
o work:	I imes 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?
			⊥ yes ⊔ no
cmments			
ransportation: lany caregiver positions req	juire the caregiver to transp	ort a client.	
Vould you be using <b>Public</b> 7 r your <b>own personal car</b> ?		Make:	Year: Model:
Driver's License and proof	of auto insurance will be re	uired at time of hire. A	re you able to provide these?
]yes □ no			
<b>Experience</b> Vhat do you <u>like most</u> abou	t working with the elderly or	onulation?	
mat do you <u>iike most</u> abou	it working with the elderly pr	opulation?	
Vhat do you <u>like least</u> when	working with the elderly po	pulation?	
	,, y		
ducation Special Skills or	Trainings /Certifications/Degrees (	you may be asked to provide	conies)
·	Trainings /Certifications/Degrees (		copies) I you Graduate? Date of graduation.
·			
ligh school		Did	you Graduate? Date of graduation.
ligh school	City/State	Did	you Graduate? Date of graduation.  ☐ yes ☐ no
ligh school	City/State City/State	Did	you Graduate? Date of graduation.  yes In no gree/ Major Date of graduation
ligh school	City/State City/State	Did De	you Graduate? Date of graduation.  yes no gree/ Major Date of graduation
ligh school	City/State City/State	Det  Det	you Graduate? Date of graduation.  yes In no gree/ Major Date of graduation
ligh school	City/State City/State	# Did	you Graduate? Date of graduation.  yes no gree/ Major Date of graduation  your receive a certificate of completion  yes no
igh school follege NA/HHA Training Provider Name	City/State  City/State  Address / Telephone :	# Did	you Graduate? Date of graduation.  yes  no gree/ Major Date of graduation  your receive a certificate of completion  yes  no you currently certified?  yes  no
digh school College CNA/HHA Training Provider Name	City/State  City/State  Address / Telephone :	# Did	you Graduate? Date of graduation.  yes no gree/ Major Date of graduation  your receive a certificate of completion  yes no you currently certified?
digh school College CNA/HHA Training Provider Name	City/State  City/State  Address / Telephone :	# Did	you Graduate? Date of graduation.  yes  no gree/ Major Date of graduation  your receive a certificate of completion  yes  no you currently certified?  yes  no
igh school College CNA/HHA Training Provider Name Other care-giver/ homemaker trai	City/State  City/State  Address / Telephone :	# Did	you Graduate? Date of graduation.  yes no gree/ Major Date of graduation  your receive a certificate of completion  yes no you currently certified?  yes no
digh school College CNA/HHA Training Provider Name	City/State  City/State  Address / Telephone :	# Did	you Graduate? Date of graduation.  yes no gree/ Major Date of graduation  your receive a certificate of completion  yes no you currently certified?  yes no

Employment History Please complete  Please tell us about your work history. Use revers		al space is required.			
May we contact your current employer?	e side of sheet if daditions	□ yes □ no			
Company Name	From	То			
Company Address	Company :elephone number				
Job title	Reason left	I			
Duties					
Name of Supervisor	Phone				
May we contact this employer?		□ yes □ no			
Company Name	From	То			
Company Address	Company telephone number				
Job title	Reason left				
Duties					
Name of Supervisor	Phone				
May we contact this employer?		Пyes П no			
Company Name	From	То			
Company Address	Company :elephone number				
Job title	Reason left				
Duties	I				
Name of Supervisor	Phone				
May we contact this employer?		□ yes □ no			
Company Name	From	То			
Company Address	Company telephone number				
Job title	Reason left				
Duties	1				
Name of Supervisor	Phone				

## Please complete all fields

Employer References	from <u>at least one su</u>	pervisor / m	nanager	
Name	Address		elationship/Years Known	Local Phone #
Name	Address	Re	elationship/Years Known	Local Phone #
Name	Address	Re	elationship/Years Known	Local Phone #
				ı
Personal References				
Name	Address	Re	alationship/Years Known	Local Phone #
Name	Address	Re	elationship/Years Known	Local Phone #
For our recruitment p	urnoses	L		
-	•	□* Inh Board □	7*F	70
How did you learn of this position?		_		Current employee Craigslist*Other
*Please provide specific name of e	onlity checked above or other:			Craigslist*Other
this form and that the answ complete and true to the best misrepresentation of facts of time during my employment verify any information include persons, schools, companied background and hereby relability for any damage what prohibited during employment of illegal drugs prior to and signature	ers given by me to the fore est of my knowledge and be called for in this application t. I authorize the company ding, but not limited to, crimes, and law enforcement at ease any said persons, schatsoever for issuing this infect. If company policy requiduring employment.	going questions elief. I understar may result in re and/or its agent inal history and uthorities to rele nools, companie ormation. I also	s and the statements nd that any false info- ejection of my applicats, including consumed motor vehicle driving ease any information es, and law enforcem understand that the	made by me are rmation, omissions, or ation or discharge at any er reporting bureaus, to g records. I authorize all concerning my ent authorities from any use of illegal drugs is