

# APPLICATION FOR EMPLOYMENT

Name		Date
Street Address		
City	State	ZIP
Phone		

<b>Emergency Contact</b>	
Name	Phone
Address	Relationship

I am applying for a position as a
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details

<b>Transportation:</b> 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

<b>Availability</b>			
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			

<b>Education</b>		
High school	City/State	Did you graduate? Y/N

College	City/State	Major of study
Other	City/State	Field of study
Degrees/certificates		
Special skills or courses		

<b>Experience</b>
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?

<b>Skills</b>					
Please indicate whether you have assisted with or performed the following tasks for seniors.					
Companionship	<input type="checkbox"/> Y <input type="checkbox"/> N	Vacuuming	<input type="checkbox"/> Y <input type="checkbox"/> N	Laundry	<input type="checkbox"/> Y <input type="checkbox"/> N
Bathing/ dressing	<input type="checkbox"/> Y <input type="checkbox"/> N	Dusting	<input type="checkbox"/> Y <input type="checkbox"/> N	Grocery shopping	<input type="checkbox"/> Y <input type="checkbox"/> N
Grooming	<input type="checkbox"/> Y <input type="checkbox"/> N	Clean bathrooms	<input type="checkbox"/> Y <input type="checkbox"/> N	Cooking	<input type="checkbox"/> Y <input type="checkbox"/> N
Incontinence	<input type="checkbox"/> Y <input type="checkbox"/> N	Clean kitchen	<input type="checkbox"/> Y <input type="checkbox"/> N	Driving	<input type="checkbox"/> Y <input type="checkbox"/> N
Transfer assist	<input type="checkbox"/> Y <input type="checkbox"/> N	Bed linen changes	<input type="checkbox"/> Y <input type="checkbox"/> N	Medication reminders	<input type="checkbox"/> Y <input type="checkbox"/> N

<b>Employment History</b>		
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? <input type="checkbox"/> yes <input type="checkbox"/> 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	

<b>Business References</b>			
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
-----------	------