



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, national origin, ancestry, veteran status, medical condition, sexual orientation, marital status or any other characteristic protected by applicable state or federal civil rights laws.

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ SSN# or ITIN# _____

Cell Phone: _____ Email: _____

Date of Birth: _____

Previous Address (if have lived less than 7 years at present address):

Street	City	State	Zip-code
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List counties and states that you have lived in for the last 10 years:

Are you legally authorized to work in the United States? No Yes

Are you at least 18 years old? No Yes

Education:

High School _____ City/State _____ Dates _____

Vocational School _____ City/State _____ Dates _____

College _____ City/State _____ Dates _____

Course(s) of Study: _____

Certified Nursing Assistant: Yes No Actively Registered in State? Yes No

Date Received Certification: _____

School Received Certification From: _____

Active CPR/First Aid Certification: Yes No Date Received Certification: _____

Special skills, certificates, awards or courses:

Some of our clients speak languages other than English. Are you fluent in any languages other than English? No Yes (please list) _____

Do you have any other training, experience, skills, qualifications or experiences which make you especially suited for employment as a senior caregiver? _____

AVAILABILITY:

Days and Times **you are** available to work: _____

Any days and times **not** available to work: _____

Can you be called at the last minute for emergency assignments: No Yes

Comments:

***EMERGENCY CONTACT:**

Name _____ Phone # _____

Address _____ Relationship _____

If applying for a position requiring company driving, do you have a valid Driver's License? No Yes

Can you provide proof of current auto insurance? No Yes

Have you ever been convicted of a criminal offense? No Yes

If yes, please state the nature of the crime (s), when and where you were convicted, and the disposition of the case: _____

Other name (s) under which employment may be verified:

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? No Yes

If no, describe the functions that cannot be performed: _____

WORK EXPERIENCE:

Discuss any training or related experience working with the elderly that you have had:

(START WITH MOST RECENT JOB):

1. Company or Employer: _____

Address: _____

Start Date: _____ End Date: _____

Duties: _____

Supervisor: _____ Phone: _____

Reason Left: _____ May we contact: _____

Starting Salary: _____ Ending Salary: _____

2. Company or Employer: _____

Address: _____

Start Date: _____ End Date: _____

Duties: _____

Supervisor: _____ Phone: _____

Reason Left: _____ May we contact: _____

Starting Salary: _____ Ending Salary: _____

3. Company or Employer: _____

Address: _____

Start Date: _____ End Date: _____

Duties: _____

Supervisor: _____ Phone: _____

Reason Left: _____ May we contact: _____

Starting Salary: _____ Ending Salary: _____

Personal References:

Name: _____

Relationship: _____

Known for how many years: _____ Phone: _____

Name: _____

Relationship: _____

Known for how many years: _____ 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 consumers 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 understand that I am not obligated to disclose sealed or expunged records of conviction or arrest. 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

WRITTEN NAME AND LAST NAME
