

HOME CARE APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apt.# City Zip

Date of Birth: _____ Social Security Number: _____

Phone: (_____) _____ Cell Phone: (_____) _____

Are you a citizen of the United States? Yes No Yes No
 If no, are you authorized to work in the U.S.?

Have you ever worked for this company? Yes No If so, when? _____

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Have you ever had any professional license or certification placed under investigation, revoked, disciplined or suspended? Yes No
 If yes, explain: _____

Emergency Contact

In the event of an emergency the following person may be contacted: _____

Relationship: _____ Phone: (_____) _____

Position

Position Applied For: **Caregiver**

Shift Preference: A.M. Noon P.M. Overnight Any

Shift Type: 4 hr. 8hr. 12hr. Live-In Other

Position Desired: F/T P/T

Available to Start: _____

Education

High School: _____ City and State: _____

Graduated? Yes No Degree: _____

Technical/Trade School: _____ City and State: _____

Graduated? Yes No Degree: _____

College/University: _____ City and State: _____

Graduated? Yes No Degree: _____

Professional References

Full Name: _____ Relationship: _____

Occupation: _____ Phone: (_____) _____

Full Name: _____ Relationship: _____

Occupation: _____ Phone: (_____) _____

Previous Employment

From: _____ To: _____ Position Held: _____

Salary- Starting: _____ Ending: _____ Supervisor: _____

Company: _____ Phone: (_____) _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? _____

From: _____ To: _____ Position Held: _____

Salary- Starting: _____ Ending: _____ Supervisor: _____

Company: _____ Phone: (_____) _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? _____

From: _____ To: _____ Position Held: _____

Salary- Starting: _____ Ending: _____ Supervisor: _____

Company: _____ Phone: (_____) _____

Reason for Leaving: _____

May we contact your previous supervisor for a reference? _____

Military Service

Branch: _____ From: _____ To: _____

Discharge Rank: _____ Discharge Type: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to client assignments, I understand that false or misleading information in my application and/or interview may result in disciplinary action.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature: _____

Date: _____