

Caregiver Application Form

Date: [MM/DD/YYYY]			
First Name:		Last Name:	
Full Address:			
Email:		SSN/SIN #	
Phone:		Work Permit:	
Position you are applying for:			
Do you have a First Aid/CPR certificate? [If YES, please attach copy of certificate to application]			<input type="checkbox"/> YES <input type="checkbox"/> NO
Certification Registration #		Expiry Date [MM/YYYY]	

AVAILABILITY

<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday			
Desired wage amount:	\$	<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Salary	
How many hours can you work weekly? <input type="checkbox"/> 4-16 <input type="checkbox"/> 16-26 <input type="checkbox"/> 26-40	Can you work nights?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Can you work weekends?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	Can you work holidays?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Type of employment desired: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> ON CALL			
What date are you available to start work? [MM/DD/YYYY]:			

NOTES:

WORK EXPERIENCE

JOB 1

Name of Business/Employer:		Job Title/Position:	
Employment Dates:	Start [MM/YY]	End [MM/YY]	
Phone/Email:		Location:	
Person to Contact		Position in Company	
Reason for Leaving Company:			
Do you allow a representative from our company contact your most recent employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

WORK EXPERIENCE

JOB 2

Name of Business/Employer:		Job Title/Position:	
Employment Dates:	Start [MM/YY].	End [MM/YY]	
Phone/Email:		Location:	
Person to Contact		Position in Company	
Reason for Leaving Company:			
Do you allow a representative from our company contact this previous employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

WORK EXPERIENCE

JOB 3

Name of Business/Employer:		Job Title/Position:	
Employment Dates:	Start [MM/YY]	End [MM/YY]	
Phone/Email:		Location:	
Person to Contact		Position in Company	
Reason for Leaving Company:			
Do you allow representative from our company contact this previous employer?			<input type="checkbox"/> YES <input type="checkbox"/> NO

TRANSPORTATION

Do you currently hold a driver's licence?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
What is your current mode of transportation?				
Driver's License Number#				
State where the licence was issued				
License Expiration Date [MM/DD/YY]				
Would you be willing to provide a driving record?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any driving accidents in the past three years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How many?	
If yes, please explain:				
Any driving violations in the past three 3 yrs.?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How many?	
If yes, please explain:				

COMMUNICATION

Check the technology devices that you use:		<input type="checkbox"/> Cell	<input type="checkbox"/> Computer	<input type="checkbox"/> Tablet
Do you have a data plan on your mobile device?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Will you be willing to fill out a caregiver daily checklist after each visit?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Additional Notes:				

PERSONAL REFERENCE CONTACTS (Excluding family members)

Reference 1				
Name:		Relationship:		
Phone:		Email:		
Have they been notified that they are a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Reference 2				
Name:		Relationship:		
Phone:		Email:		
Have they been notified that they are a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Reference 2				
Name:		Relationship:		
Phone:		Email:		
Have they been notified that they are a reference?			<input type="checkbox"/> YES <input type="checkbox"/> NO	

EDUCATION INFORMATION			
LEVEL OF EDUCATION	NAME OF SCHOOL	PROGRAM	COMPLETED
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

RECOGNITION(S) OR ACCOMPLISHMENT(S)	
LIST BELOW	DATE [MM/DD/YY]

CRIMINAL BACKGROUND	
Have you ever been charged with a criminal offense?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If so, please explain:	

PLEASE READ CAREFULLY

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the employer permission to contact schools, previous employers (unless otherwise indicated), and references. By typing my name below, I understand and agree that my electronic signature has the same legal force and effect as a handwritten signature.

This is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, or age. We assure you that your opportunity for this employment position depends solely on your qualifications.

Signature of Applicant	X		
Full Name of Applicant		DATE	
Thank you for completing this application form and for your interest in our company			

Office Use Only:

_____	X
Full name of authorized personnel	Signature of authorized personnel
_____	_____
Position title of authorized personnel	Date [MM/DD/YYYY]

ADDITIONAL EMPLOYER NOTES: