



Caregiver Application Form

Date: [MM/DD/YYYY]			
First Name:		Last Name:	
Full Address:			
Email:		SSN/SIN #	
Phone:		I am 18 years or older? yes no	
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 LIVE OUT <input type="checkbox"/> PART-TIME LIVE OUT <input type="checkbox"/> LIVE IN FULL TIME <input type="checkbox"/> ON CALL			
What date are you available to start work? [MM/DD/YYYY]:			



EDUCATION				
LEVEL OF EDUCATION	NAME OF SCHOOL	PROGRAM	COMPLETED	CERTIFICATE/ DEGREE
High School				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
College				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
University				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Trade/Vocation				
			<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

CRIMINAL BACKGROUND	
Have you ever been convicted of a crime?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain:	



TRANSPORTATION			
Do you currently hold a driver's license?			<input type="checkbox"/> YES <input type="checkbox"/> NO
What are your current means of transportation?			
Driver's license number#:			
Location where it was issued:			
Expiration Date: [MM/DD/YYYY]			
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 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO	How Many?
If yes, please explain:			
COMMUNICATION			
Check the technology devices that you currently own		<input type="checkbox"/> Cell <input type="checkbox"/> Computer <input type="checkbox"/> Tablet	
Do you have a data plan on a mobile device?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you willing to submit a digital journal entry at the end of each shift?			<input type="checkbox"/> YES <input type="checkbox"/> NO
REFERENCE CONTACTS			
Reference 1			
Name:		Relation:	
Phone:		Email:	
Reference 2			
Name:		Relation:	
Phone:		Email:	



WORK EXPERIENCE				
Job One (MOST RECENT)				
Name of Business/Employer:			Your Job Title:	
Employment Dates:	Start [MM/YY]		End [MM/YY]	
Phone/Email:			Location:	
Person to Contact:			Position:	
Reason for Leaving:				
Do you give us permission to contact your most recent employer?				<input type="checkbox"/> YES <input type="checkbox"/> NO
Job Two				
Name of Business/Employer:			Your Job Title:	
Employment Dates	Start [MM/YY]		End [MM/YY]	
Phone/Email:			Location:	
Person to Contact:			Position:	
Reason for Leaving:				
Job Three				
Name of Business/Employer:			Your Job Title:	
Employment Dates	Start [MM/YY]		End: [MM/YY]	
Phone/Email:			Location:	
Person to Contact:			Position:	
Reason for Leaving:				



PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

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), references, and others. I certify that I am legally permitted to work in the United States.

I further understand that my employment shall be probationary for (30) days, and further that at any time during the probationary period or thereafter, my employment is terminable at will for any reason by either party.

Signature of Applicant	X	Date: MM/DD/YYYY	
-------------------------------	----------	-------------------------	--

Print Full Name:	
-------------------------	--

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.

Thank you for completing this application form and for your interest in the position

Office Use:

--

Full name of authorized personnel

X

Signature of authorized personnel

--

Position title of authorized personnel

--

Date [MM/DD/YYYY]