

APPLICATION FOR EMPLOYMENT

Date _____

Personal Details

Last Name _____ First Name _____

Address _____

Home phone _____ Cell phone _____

Date of birth _____ Social Security No. _____

Drivers License No. _____ Expiry Date _____

State ID-No. _____ Expiry Date _____

Weight _____ Height _____

Languages spoken _____ Do you smoke _____

Previous Employer's

Employer	Address	Phone No.	From/To
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_____	_____	_____	_____
_____	_____	_____	_____

1 on 1 References (previous patients or their families)

Name	Address	Phone
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_____	_____	_____
_____	_____	_____

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Education

Major subject _____

No. of years completed _____

Please complete the following:

1. How long have you worked professionally as a caregiver _____
2. How long in a board & care facility _____ nursing/conval. _____ one-on-one _____
3. Circle any certification you have First Aid CPR CNA HHA RN
4. Do you want to work live-out _____ live-in _____ facility _____
5. How many days per week _____ Preferred working days _____
6. Do you have a valid drivers license _____ a car to use for work _____
current auto insurance _____ car registration No. _____
7. Have you ever been convicted of a felony/misdemeanor other than a traffic violation_
If yes, please explain _____
8. Date of your last TB-test _____ of your last physical examination _____
live scan (Background check) _____
9. Place a check by conditions and duties you have experience in

Bathing/showering _____	Dressing/grooming _____	Alzheimer/dementia _____
Toileting _____	Blood pressure check _____	Blood sugar check _____
Incontinence _____	Hospice patients _____	Cooking (Western) _____
Medication supervision _____	G-tubes _____	Oxygen _____
Diabetes _____	Stroke patients _____	Parkinson's patients _____
Bedridden _____	Lifting ok? _____	Hoyer lifter _____

We require the following :

- **copy of your driver's license or State ID**
- **DMV records for the last 3 years**
- **a recent photo**
- **copies of any license (CNA, LVN etc.), fingerprinting, live-scan**