



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?		Can you work nights?	
<input type="checkbox"/> 4-16 <input type="checkbox"/> 16-26 <input type="checkbox"/> 26-40		<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]:			
NOTES:			

EDUCATION INFORMATION				
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:	
Reference 3			
Name:		Relation:	
Phone:		Email:	

NOTES:

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? YES 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 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]