



Application for Employment

Name _____ Date _____
Last First Middle

Address _____
Street City State/Province ZIP/Postal Code

Telephone # () Cell Phone # ()

E-Mail address _____ Referred to us by _____

Date of Birth _____ Driver's License Number _____ State _____

Position(s) applied for Caregiver Nursing Other: _____ Date available _____

Type of employment desired Full-Time Part-Time Overnight Live-in
Please Specify Days and Hours _____
How many days per week? _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Why do you want to be a Caregiver with us? _____

How will you be able to contribute to providing seniors with high quality care? _____

Are you legally eligible for employment in this country? Yes No

Have you ever been convicted of any felony or misdemeanor offenses? Yes No
If yes, please describe the date and nature of the offense _____

CONVICTION WILL NOT NECESSARILY BE A DISQUALIFICATION FOR EMPLOYMENT.

Have you ever been investigated for abuse, neglect or domestic violence? Yes No

Have you applied with this company before? Yes No

Do you have any friends or family employed at this location? Yes No

Do you have a valid Driver's License? Yes No

Do you have your own vehicle? Yes No

Do you have adequate vehicle insurance? Yes No

Are you willing to transport clients in your private vehicle? Yes No

Are you willing to drive a client's vehicle? Yes No

What is the maximum number miles you are willing to travel from your home to an assignment? _____

Have you been convicted of any major traffic violations? Yes No

If yes, please describe the traffic violation(s): _____

Are you a smoker? Yes No

SKILLS AND PREFERENCES

Please check any of the following you are willing to work with:

Companionship	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	Cats	<input type="checkbox"/>
Bathing/Dressing	<input type="checkbox"/>	Alzheimer's/Dementia	<input type="checkbox"/>	Hoyer Lift	<input type="checkbox"/>
Incontinence	<input type="checkbox"/>	Males	<input type="checkbox"/>	Gait Belt	<input type="checkbox"/>
Driving	<input type="checkbox"/>	Females	<input type="checkbox"/>		
Transfer Assist	<input type="checkbox"/>	Dogs	<input type="checkbox"/>		

Please check all you have experience with:

Hoyer Lift Gait Belt Incontinence Transfer Assist Alzheimer's/Dementia

Please check all certifications you currently hold:

CPR First Aid Certified Nursing Assistant (CNA) Geriatric Nursing Assistant (GNA)

Certified Medication Technician (CMT) Certified Medicine Aid (CMA)

Licensed Practical Nurse (LPN) Registered Nurse (RN)

EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.

SCHOOL	CITY, STATE/PROVINCE	GRADUATED?	DEGREE(S)/DIPLOMA(S) EARNED
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT BACKGROUND

Provide the following information beginning with the most recent employer.

EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	
EMPLOYER	TELEPHONE ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		FROM	TO	
JOB TITLE		HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER		\$	per	
REASON FOR LEAVING		HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		\$	per	

PERSONAL REFERENCES

List the name, relationship, number of years acquainted, and phone number of three references. (No relatives please).

NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER
			()
			()
			()

I certify that all the information I have provided is true, complete and correct.

The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.

I authorize this company to investigate all statements contained on this application. I understand that any misrepresentation or omission of facts called for is cause for immediate disqualification and/or if employed, immediate dismissal.

I understand that if I am hired, I will be required to provide criminal background check at my cost, proof of identity and legal authority to work in the United States, proof of certifications or educational qualifications, and a driver's record (if applicable). I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.

If hired by True Companion Care, I agree not to do business directly with any individual or business entity that True Companion Care has introduced to me or by entering into employment with such individuals or businesses.

Yes No

Applicant's Signature _____ **Date** _____

For office use only:

Date application received: _____

Date applicant contacted: _____

Notes: _____

