

CAREGIVER APPLICATION

Applicant Information

Full Name: _____ Date: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit#

City

State

Zip Code

Phone: _____ E-mail: _____

Date Available: _____ Social Security No: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? Yes ☐ No ☐ if no, are you authorized to work in the U.S? Yes ☐ No ☐

Have you ever worked for this company? Yes ☐ No ☐ if yes, when? _____

Have you ever been convicted of a felony? Yes ☐ No ☐

If yes, explain: _____

Emergency Contact(s)

Relationship: _____ Phone: () _____

Relationship: _____ Phone: () _____

Licenses/Certifications

Current Title: _____ Licenses/Certifications: _____

Availability

Open Availability (INCLUDES WEEKENDS)

If availability is limited, please list the times you are available below:

SUN	MON	TUES	WED	THUR	FRI	SAT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Education

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate: Yes ☐ No ☐ Diploma: _____
 College: _____ Address: _____
 From: _____ To: _____ Did you graduate: Yes ☐ No ☐ Degree: _____
 Other: _____ Address: _____
 From: _____ To: _____ Did you graduate: Yes ☐ No ☐ Degree: _____

Previous Employment

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Responsibilities: _____
 From: _____ To: _____ Reason for Leaving: _____
 May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____
 Address: _____ Supervisor: _____
 Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
 Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? Yes ☐ No ☐

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all information listed above. I understand that the withholding, misrepresentation or falsification of information shall be grounds to refuse employment, or if employed, shall be grounds for dismissal.

Signature: _____ Date: _____