

## **Caregiver Employment Application**

Full name:					Date:
	Last	First		M.I.	
Address:					Phone:
	Street address			Apt/Unit #	
					Email:
	City	Sta	te	Zip Code	
Are you a citizen of the United States?		Yes □	No □	SSN:	
If no, are you authorized to work in the U.S.?		Yes □	No □	ITIN (If Applica	ble)
Have you ever been convicted of a felony?		Yes □	No 🗆	If yes, when?	
Have you ever worked for this company?		Yes □	No 🗆	If yes, when?	
Have you ever worked with patients w/ Dementia or Alzheimer's?		r Yes □	No □	If yes, when?	
Were you referred to us by one of our current employees?		Yes 🗆	No □	If yes, who?	
Date Availab	ole: Desired s	salary: \$		Full Time $\Box$	]Part Time □

## **Weekly Availability:**

Day	Morning	Afternoon/Evening	Overnights (Approx. 11p-	
Day	(Approx. 7a-3p)	(Approx. 3p-11p)	7a)	
Mon	Yes No	Yes No	Yes No	
Tues	Yes No	Yes No	Yes No	
Wed	Yes No	Yes No	Yes No	
Thur	Yes No	Yes No	Yes No	
Fri	Yes No	Yes No	Yes No	
Sat	Yes No	Yes No	Yes No	
Sun	Yes No	Yes No	Yes No	



## **Education**

gh school:		Address:		
om: To:	Dic	you graduate? Yes □ No □	Diploma:	
ollege:		Address:		
om: To:	Dic	you graduate? Yes □ No □	Degree:	
ther:		Address:		
om: To:	Dic	you graduate? Yes □ No □	Certification	
	Employme	nt History		
Company:		Phone:		
Address:		Supervisor:		
Job title:		From:		Currently Employed
Responsibilities:				_
	our supervisor for a reference? Yes □ No			
		☐ Reason for leaving:		
May we contact y	our supervisor for a reference? Yes □ No	☐ Reason for leaving: Phone:		
May we contact y	our supervisor for a reference? Yes □ No	☐ Reason for leaving: Phone:	To:	
May we contact y Company: Address:	our supervisor for a reference? Yes □ No	☐ Reason for leaving: Phone: Supervisor:	To:	Currently
May we contact y Company: Address: Job title: Responsibilities:	our supervisor for a reference? Yes □ No	☐ Reason for leaving: Phone: Supervisor: From:	To:	Currently Employed
May we contact y Company: Address: Job title: Responsibilities:	our supervisor for a reference? Yes 🗆 No	☐ Reason for leaving: Phone: Supervisor: From:	To:	Currently Employed
May we contact y  Company:  Address:  Job title:  Responsibilities:  May we contact y	our supervisor for a reference? Yes 🗆 No	Reason for leaving:  Phone:  Supervisor:  From:  Reason for leaving:  Phone:	To:	Currently Employed
May we contact y  Company:  Address:  Job title:  Responsibilities:  May we contact y  Company:	our supervisor for a reference? Yes 🗆 No	Reason for leaving: Phone: Supervisor: From: Reason for leaving:	To:	Currently Employed



## **Disclaimer and signature**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature:	Date:				
Print Name:					
For office use only					

Hold 🗌

Reject 🗌

Invite to Interview