



## application

full name: \_\_\_\_\_

birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

address: \_\_\_\_\_

phone number: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

email address: \_\_\_\_\_

social security: \_\_\_\_\_-\_\_\_\_-\_\_\_\_\_

position applying for: \_\_\_\_\_

have you ever been convicted of a felony (*please circle answer*): **yes / no**

if yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **transportation**

do you have dependable transportation (*please circle answer*): **yes / no**

drivers license number: \_\_\_\_\_

drivers license expiration date: \_\_\_\_/\_\_\_\_

insurance provider: \_\_\_\_\_

insurance policy number: \_\_\_\_\_

## availability

number of hours seeking:	available times:	unavailable times:	willing to cover last minute shifts ( <i>please circle answer</i> ):  <b>yes / no</b>
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## education

high school:	city / state:	dates:	graduated ( <i>please circle answer</i> ):  <b>yes / no</b>
college:	city / state:	dates:	graduated ( <i>please circle answer</i> ):  <b>yes / no</b>

## experience

any training or previous work in home care:
why would you like to work with elderly:
what do you think you'll like least working with elderly:

## employment history

company:	dates:	job title:	reason for leaving:
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## references (2 professional 1 personal)

name:	relationship:	years known:	phone number:
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**certification and release:** I certify that I have read and understand the application and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

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signature

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date