

Desired Number of Work Hours Per Week: _____

Please indicate general availability below. (Check all that apply)

Mornings___ Afternoons___ Evenings___ Overnights___ Weekdays___ Weekends___ Out of Town _____

Please indicate the days of the week as well as the earliest and latest times that you are available for work.

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time	From:							
	To:							

Preferences

Please indicate the type of services which you are willing to provide: (Check all that apply)

<input type="checkbox"/>	Companionship	<input type="checkbox"/>	Housekeeping (dust/Vacuum)	<input type="checkbox"/>	Errands/Shopping*
<input type="checkbox"/>	Meal Preparation	<input type="checkbox"/>	Laundry/Ironing	<input type="checkbox"/>	Incidental Transportation*
<input type="checkbox"/>	Activities (games/crafts)	<input type="checkbox"/>	Medication Reminders	<input type="checkbox"/>	Personal Cares

In order to be able to provide transportation or run errands, you will be required to have a valid driver's license and current auto insurance. A motor vehicle record check will be conducted and proof of insurance will be required on an ongoing basis.

Are you willing to provide service to a client with a pet? Yes / No If yes, which ones: ___Cats ___Dogs

Are you willing to provide service to a client that smokes? Yes / No

Job Related skills

Describe any training or life skills you have that apply to caring for a senior: _____

Describe any work history you have that would apply to caring for a senior: _____

What do you like (or think you would like) most about working with older adults? _____

What do you like (or think you would like) least about working with older adults? _____

Education

Please circle highest grade completed:

Grade School: 6 7 8 High School: 9 10 11 12

School Type	School Name	City, State	Major/Subject	#Yrs Attended	Graduate
High School					Y/N
Vocational/Tech.					Y/N
College/University					Y/N

Background

Name: _____
First Middle Last Maiden/Former

Current Address: _____
Street City State Zip

Social Security #: _____ - _____ - _____ Date of Birth: _____/_____/_____

Driver's License #: _____ State of Issuing: _____ Exp. Date: _____

Make/Model of Vehicle: _____ Year: _____

Auto Insurance Co: _____ Policy #: _____ Exp. Date: _____

Have you had any moving traffic violations? Yes / No If yes, Please describe: _____

Other Names or Social Security Numbers Previously Used:

_____ Last First Middle Social Security Number

Have you been convicted of a misdemeanor or felony in the past (7) years? Yes / No if yes, please describe below:
Incident City/State Result

Work History

Please answer all questions in this section correctly and accurately since we will make every effort to contact previous employers. Your application will not be considered unless all questions are answered.

Most Recent Employer

Are you currently working for this employer? Yes / No if yes, may we contact? Yes / No

Company Name City State ()
Phone Number

Dates employed: From _____ to _____
Job Title Supervisor's Name

Duties

\$ _____ per _____

Salary Reason for Leaving

Second Most Recent Employer

Company Name City State ()
Phone Number

Dates employed: From _____ to _____
Job Title Supervisor's Name

Duties

\$ _____ per _____

Salary Reason for Leaving

Third Most Recent Employer

Company Name City State ()
Phone Number

Dates employed: From _____ to _____
Job Title Supervisor's Name

Duties

\$ _____ per _____

References (Please do not include relatives) Please complete all six references. Since we will contact these referenced, please notify them in advance.

<u>Full Name</u>	<u>Phone Number</u>	<u>Best time to call</u>	<u>Relationship</u>	<u>Number of years known</u>
1)				
2)				
3)				
4)				
5)				
6)				

Certification and Release:

I certify that I have read and understand the applicant note on page one of this form 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 misrepresentations of facts 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 of this information throughout employment, including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information, I release the company from any liability which might result from making such investigations, I also understand that the use of illegal drugs is prohibited during employment. I requested, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during the time of my employment.

I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representation to the contrary, the employment relationship between myself and Circle of Friends In-Home Care LLC is terminable at-will, so that both the company and I remain free to choose to end our work relationship at any time for any or no reason. Nay changes in this employment relationship must be made in writing. ***My signature below acknowledges that I have read, understand, and agree to the above disclosure.***

Signature

Date

