



Application for Employment

We are an equal opportunity employer, dedicated to a policy of non discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Street Address		
City	State	ZIP
Phone	Email	SSN
I am applying for a position as a	Where did you hear about this position? <input type="checkbox"/> Newspaper <input type="checkbox"/> Adelman Web Site <input type="checkbox"/> Craigslist <input type="checkbox"/> Other _____	
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no		
If yes, please provide details		

Emergency Contact

Name	Phone
Address	Relationship

Transportation: Many caregiver positions require the caregiver to transport a client.

Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car		
Insurance company	Insurance agent name	Insurance agent phone	Auto insurance policy Full Coverage Y N Liability Y N

Availability What hours do you want to work for us?

Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Shifts you would be willing to work (Mark all that apply) ___ All ___ 12 hr Day Shift ___ 12 hr Night Shift ___ 8 hr day shift ___ 8 hr evening shift ___ 8 hr night shift ___ 4 hour morning shift ___ 4 hr afternoon shift ___ 4 hr evening shift ___ Live-in work ___ weekends			

Comments

Education

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Other	City/State	Dates

Degrees/certificates Are you now or have you been a CNA Y N Is your CNA current Y N

Special skills or courses

Experience

either in a paid position or as a family or friend that has helped the elderly.

Discuss any training or experience working with the elderly including family members

What do/would you like most about working with the elderly?

What do/would you like least about working with the elderly?

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companionship	<input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no
Bathing/ dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean kitchen	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no
Transfer assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Bed linen changes	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no

Employment History Please tell us about your work history. **List your 3 to 5 most recent jobs.**

May we contact your current employer? yes no

Company & Location	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company & Location	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company & Location	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Please list any **previous experience in caregiving** not listed above. Or continue job history

Company & Location	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company & Location	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Business References (people you have worked for or with that can talk about your habits as an employee)

Who to Contact	Address	Relationship/Years Known	Phone #
Name Of Business			<input type="checkbox"/> Day <input type="checkbox"/> Evening
Who to Contact	Address	Relationship/Years Known	Phone #
Name Of Business			<input type="checkbox"/> Day <input type="checkbox"/> Evening
Who to Contact	Address	Relationship/Years Known	Phone #
Name Of Business			<input type="checkbox"/> Day <input type="checkbox"/> Evening
Who to Contact	Address	Relationship/Years Known	Phone #
Name Of Business			<input type="checkbox"/> Day <input type="checkbox"/> Evening
Who to Contact	Address	Relationship/Years Known	Phone #
Name Of Business			<input type="checkbox"/> Day <input type="checkbox"/> Evening

Personal References (friends that can speak about your personality – try not to use relatives)

Name	Address	Relationship/Years Known	Phone #
			<input type="checkbox"/> Day <input type="checkbox"/> Evening
Name	Address	Relationship/Years Known	Phone #
			<input type="checkbox"/> Day <input type="checkbox"/> Evening
Name	Address	Relationship/Years Known	Phone #
			<input type="checkbox"/> Day <input type="checkbox"/> Evening
Name	Address	Relationship/Years Known	Phone #
			<input type="checkbox"/> Day <input type="checkbox"/> Evening
Name	Address	Relationship/Years Known	Phone #
			<input type="checkbox"/> Day <input type="checkbox"/> Evening

CERTIFICATION AND RELEASE: I certify that I have read and understand the application 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 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. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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