



Date: _____

NAME: _____

Social Security Number: _____

ADDRESS: _____

Home Telephone Number: _____

Date of Birth: |_____|/|_____|/|_____|

Cell Phone Number: _____

Email Address: _____

Are you a US Citizen?

Yes No

If no, do you have the legal right and necessary documents to work in the US?

Yes No

How long have you been in the U.S. |_____|

(Identity and employment eligibility will be verified as required by law.)

EMPLOYMENT INFORMATION

Position Desired: _____

Hourly Live-in

Shift Preference: _____

Salary Requirement Date Available for work: _____

Do you possess a valid driver's license? Yes No Driver's License # _____

Do you have your own transportation? Yes No

If No, how will you commute to work? _____

If Yes,

How did you hear about us?

Classified ad

Where did you see the ad? _____

Current Employee Name _____

Internet

Other _____

QUALIFICATIONS & EXPERIENCE

	Name of School	Did you Graduate	Year
High School		Yes <input type="radio"/> No <input type="radio"/>	
College/Univ		Yes <input type="radio"/> No <input type="radio"/>	
College Degree		Yes <input type="radio"/> No <input type="radio"/>	
Technical Training		Yes <input type="radio"/> No <input type="radio"/>	

Languages spoken in addition to English: _____

Do you have current CPR certification?

Yes No Expiration Date: _____

Check any experience/training in any of the following:

Hip surgery/Injured patients

Patients who require lifting

Cooking American Food

Patients in wheelchair

Hoyer Lift

Kosher food

ABILITIES (Check all conditions you have experience/knowledge with):

- | | | |
|---|---|---|
| <input type="checkbox"/> Straight Catheter | <input type="checkbox"/> Tracheostomy Care | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Colostomy Bag | <input type="checkbox"/> G or N/G Tube | <input type="checkbox"/> Catheter Male |
| <input type="checkbox"/> Catheter Female | <input type="checkbox"/> Alzheimer's/Mental | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Children | <input type="checkbox"/> Blood Pressure |
| <input type="checkbox"/> Diabetes Sugar Testing | <input type="checkbox"/> Insulin Injection | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Fractures | <input type="checkbox"/> Paralyzed | <input type="checkbox"/> Nebulizer |
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Suppositories | <input type="checkbox"/> Diapers |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Bedpan | <input type="checkbox"/> Bedsore |
| <input type="checkbox"/> Bedridden | <input type="checkbox"/> Wheelchair | <input type="checkbox"/> Walker |
| <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Blind | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Suctioning | <input type="checkbox"/> Ventilator |
| <input type="checkbox"/> Enemas | <input type="checkbox"/> Wound Care | <input type="checkbox"/> IV Insertion |
| <input type="checkbox"/> Heplock | <input type="checkbox"/> Baths | <input type="checkbox"/> ALS |
| <input type="checkbox"/> MS | | |

PAST & PRESENT EMPLOYERS:

Current (Agency) Employer:

Name: _____

Address: _____

ZIP: _____

May we contact?

Yes No

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Past Employers:

Name _____

Address _____ ZIP: _____

Date started Date ended

May we contact?

Yes No

Salary

Name _____

Address _____ ZIP: _____

Date started Date ended

May we contact? Yes No Salary rq392zrq3

Criminal Background Inquiry

Have you ever been convicted of a crime, other than a minor traffic offense, or pled no contest to a crime?

Yes No

If Yes, Please explain

(You will not be denied employment solely because of a record, unless the offense is related to the work or which you applied for.)

Emergency Contact

Name _____

Home # _____

Work # _____

Address _____

Relationship _____

"I certify that the facts in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from liability for damage that may result from furnishing same to you."

Initial Date