



**EMPLOYMENT APPLICATION
IN-HOME CAREGIVER**

Name _____ Date _____
Address _____ Phone # _____
City _____ State _____ Zip _____ Cell Phone# _____
Social Security # _____ Email address: _____ @ _____
Are you a citizen of the U.S.A? Yes No Are you a veteran of the U.S. Military? Yes No
Have you worked for us before? Yes No When/Client? _____
Date available to start work: _____
Are you available to work: Hourly? _____ Overnight? _____ 24 hour shifts? _____ Flexible hours? _____
Locations you are willing to work? _____ OK _____ MO _____ KS

HOW DID YOU LEARN ABOUT THIS JOB?

Newspaper: Name: _____
Television: Station: _____
Internet: Site: _____
Employee Referral: Name of Person Referring You: _____
Flyer/Brochure: Where did you see it? _____
Other: Please list: _____

Have you ever pled guilty to, received a suspended imposition of sentence (“SIS”) for, or been convicted of an ordinance violation, misdemeanor or felony other than a speeding or parking ticket? Yes _____ No _____

If yes, please explain:

Have you ever been investigated for abuse, neglect or domestic violence? Yes _____ No _____

If “yes”, explain:

CCSS is a tobacco-free employer. Use of tobacco in any form on any of our job sites is strictly forbidden. Any violation will result in immediate termination. Initial _____



EMPLOYMENT EXPERIENCE: Start with your present job or last job. Include military assignments and other volunteer activities. Exclude organizational names which indicate race, color, religion, sex, or national origin. Please make sure you list and explain all gaps in employment.

Employer 1 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From: _____ To: _____ Salary or Hourly rate _____

Employer 2 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From: _____ To: _____ Salary or Hourly rate _____

Employer 3 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From: _____ To: _____ Salary or Hourly rate _____

Employer 4 _____

Address _____ City _____ State _____ Zip _____

Phone # _____ Supervisor's Name _____

Job Title _____ Reason for leaving _____

Dates of Employment: From: _____ To: _____ Salary or Hourly rate _____



EDUCATION

<u>Name of School</u>	<u>Did you graduate?</u>		<u>Subjects Studied</u>
High School: _____	Y	N	_____
College: _____	Y	N	_____
Trade/Technical School: _____	Y	N	_____
Certifications: _____			

WORK RESTRICTIONS

Do you have any limitations that would prevent you from working in a normal work environment?
 Yes No

Circle your restrictions and give a brief description below. :

Hearing	Speech	Lifting	Health	Physical	Emotional
Other: _____					
Description: _____					

Clients You Are Not Willing or Able to Work With:

_____ Dementia/Alzheimer's	_____ Physical Disabilities	_____ Smokers	_____ Pets
_____ Females	_____ Behavioral Disorders	_____ Males	

Indicate which of the following you have experience in:

_____ Bathing/Showering	_____ Housekeeping	_____ Grooming	_____ Laundry
_____ Personal Hygiene	_____ Dressing	_____ Shopping	_____ Toileting
_____ Bowel Care	_____ Transportation	_____ Bladder Care	_____ Medication Reminding
_____ Feeding	_____ Socialization	_____ Transfers	
_____ Meal Preparation (List 3 meals you can prepare)			
1. _____			
2. _____			
3. _____			

Duties You Are Not Willing or Able to Perform:

_____ Bathing	_____ Housekeeping	_____ Grooming	_____ Laundry	_____ Oral Care
_____ Meal Preparation	_____ Dressing	_____ Shopping	_____ Bowel Care	_____ Transportation
_____ Bladder Care	_____ Medication Reminding	_____ Feeding	_____ Assist with movement and/or mobility	
_____ Transfers	_____ Other (Specify) _____			



Describe any special qualifications you have for this job:

Professional References (not relatives):

Name _____ Relationship _____
Address _____
Telephone No _____ Email Address _____

Name _____ Relationship _____
Address _____
Telephone No _____ Email Address _____

Employment Application Disclaimer and Acknowledgement

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold any former employers, educational institutions and any other persons giving references free of liability for the exchange of information and any other reasonable and necessary information incident to the employment processes.

I understand that Compassionate Care Senior Services will do background checks and drug screening on all potential employees and an offer may be rescinded or employment terminated based upon this information.

Signature _____

Date _____