



"Senior Care with Heart"

760-741-7645 • 951-676-4190 • 858-484-8411 • Fax: 760-546-0360

CAREGIVER APPLICATION

Date: ____ / ____ / ____

Name: _____

Address _____

Street

City

State

Zip

Home Phone _____ A Message May Be Left At: _____

Driver's License # _____ Social Security #: _____ - _____ - _____

Position Applying For: _____ Referred By: _____

EMPLOYMENT HISTORY

Former Employment (Beginning with Present or Last Employer):

From: ____ / ____ / ____ To: ____ / ____ / ____

Company Name: _____ Job Title: _____

Company Address: _____ Immediate Supervisor: _____

Phone No.: _____ Title _____

Duties / Responsibilities Included: _____

Starting Salary \$ _____ Ending Salary \$ _____ Reason for Leaving _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Company Name: _____ Job Title: _____

Company Address: _____ Immediate Supervisor: _____

Phone No.: _____ Title _____

Duties / Responsibilities Included: _____

Starting Salary \$ _____ Ending Salary \$ _____ Reason for Leaving _____

From: ____ / ____ / ____ To: ____ / ____ / ____

Company Name: _____ Job Title: _____

Company Address: _____ Immediate Supervisor: _____

Phone No.: _____ Title _____

Duties / Responsibilities Included: _____

Starting Salary \$ _____ Ending Salary \$ _____ Reason for Leaving _____

EDUCATION

High School or GED _____ Highest Grade Completed _____

Colleges _____ # of Years _____ From _____ To _____ Degree _____

CAREGIVER APPLICATION

Give Names Of 3 Persons Not Related To You Whom You Have Known At Least 1 Year

Name Address Phone# Business Name Years Known

In Case of Emergency, Please Notify: _____

Do you have transportation Yes No Do you have valid driver license Yes No

If you are not a U.S. Citizen have you the legal right to remain permanently in the U.S. Yes No

Do you have any physical, sensory or mental handicaps that would hinder your performance in the job for which you are applying? Yes No (if yes, explain) _____

Have you ever been convicted of any crime Yes No (If yes, when, where and disposition of the case - misdemeanor or felony)? _____

I Can I Cannot Work on Saturdays
I Can I Cannot Work on Sundays
I Can I Cannot Work Nights of Evenings

What foreign languages do you speak fluently _____ Read/Write? _____

Activities and hobbies (exclude organizations - the name of character of which indicates race, creed, color or national origin of its members). _____

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal and that I may be referred conditionally subject to verification of and by my references. Further, I understand and agree that my assignments are for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____ / _____ / _____ Signature: _____

DO NOT WRITE BELOW THIS LINE

Interviewed By: _____ Date _____ / _____ / _____ Position: _____

Remarks & Recommendations: _____
