



# Caregiver Employment Application Form

NOTE: Applicants may be tested for illegal drugs.

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

**Personal Information**

<b>PLEASE COMPLETE ALL QUESTIONS, PAGES 1-4</b>				<b>Date:</b>	
<b>Name:</b>		Last:		First:	
<b>Present Address:</b>		Street:		City:	
		State:		Zip:	
How long at this address?:			Social Security No.: - -		
Home Phone: ( ) -		Business Phone: ( ) -		Cell Phone: ( ) -	
Please list age (if under 18):		Please indicate the days and times you are available to work:			
Position applied for:		<input type="checkbox"/> Anytime			
<b>Have you ever applied here before:</b> Yes _____ No _____		Mon – From: To:		Thr – From: To:	
Salary range desired:		Tue – From: To:		Fri – From: To:	
		Wed – From: To:		Sat – From: To:	
				Sun – From: To:	
How many hours can you work weekly?			Are you available to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None		
Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None			Would you consider live-in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment desired: <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME <input type="checkbox"/> FULL-TIME ONLY					
Are you legally authorized to work in the US:? <input type="checkbox"/> Yes <input type="checkbox"/> No			When are you available to start work?:		
Where did you hear about us?			Email address:		

**Education Information**

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (City, State)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. Or Trade School				
Professional School				

Have you ever been convicted of a crime?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (A conviction will not necessarily result in the denial of employment):

Have you ever worked under a different name?  Yes  No

If YES, what was it and what was the reason?

Do you have any relatives or friends that work for the Company?  Yes  No

If YES, what is their name?

In Case of Emergency, Please Contact:

Name:  
Home Phone:

Relation:  
Business Phone:



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Driving Information

Do you have a driver's license?  Yes  No      Do you have active auto insurance?  Yes  No

Do you have a car?  Yes  No      If NO, How would you get to work?

Driver's License No.: \_\_\_\_\_ State of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Have you had any accidents during the past three years?  No  Yes      How many? \_\_\_\_\_

Have you had any moving violations during the past three years?  No  Yes      How Many? \_\_\_\_\_

Personal Reference Information

List two personal references. **DO NOT LIST relatives or previous supervisors.**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Friend  Co-worker  Teacher  Pastor       Friend  Co-worker  Teacher  Pastor

Current Client  Former Client       Current Client  Former Client

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone where person can be reached 9a – 5p      Telephone where person can be reached 9a – 5p

(\_\_\_\_) \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children or friends. Use additional sheets, if necessary.

Empty space for additional information.

Why do you enjoy caregiving?

Empty space for answer to 'Why do you enjoy caregiving?'

Describe some of your volunteer work:

Empty space for describing volunteer work.

- Please check any Certification(s) you currently possess:
- Certified Nursing Assistant
  - Certified Medicine Aide
  - Geriatric Nursing Assistant
  - Medication Technician
  - CPR certification
  - First Aid Certification

Empty space for additional certifications.



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**Work Experience** Please list **at least two** of your work experiences for the past five years **beginning with your most recent job held. If you were self-employed, give company name.** Attach additional sheets if necessary.

Name and address of employer:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
Phone number:		Your Last Job Title:	
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

May we contact your present employer?     Yes     No

**If NO, Please Explain Why and Please Provide Us With Another Work Reference:**

Name and address of employer:	Name of last supervisor	Employment dates	Pay or salary
		From: To:	Start: Final:
Phone number:		Your Last Job Title:	
Reason for leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here:			

May we contact this employer?     Yes     No

**If NO, Please Explain Why and Please Provide Us With Another Work Reference On Separate Sheet:**

**Skill Information**

How would you rate yourself on your experience with the following aspects of caregiving? 1 = No Experience    2 = Some Experience    3 = Good Experience    4 = Excellent Experience			
Companionship <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Incontinence Care <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Meal Preparation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Dementia / Alzheimer's Care <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Light Housekeeping <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Comments		
Bathing / Showering <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Dressing / Grooming <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			
Transferring <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4			

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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

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In exchange for the consideration of my job application East Bay Senior Services (hereinafter called "Senior Helpers"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Senior Helpers company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Senior Helpers, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Senior Helpers. Both the undersigned and East Bay Senior Services may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Senior Helpers may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I also understand that (1) Senior Helpers has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, Senior Helpers may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Senior Helpers will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

**I hereby release any and all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any cause of action I might otherwise have against such employer arising out of the provision of information concerning my employment.**

I further understand that my employment with Senior Helpers shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with Senior Helpers is terminable at will for any reason by either party.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Senior Helpers permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Senior Helpers from any liability as a result of such contract.

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Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

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East Bay Senior Services is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

**Please return this application to our office at your earliest convenience.**

  
*Caring In-Home Companions*  
1100 Moraga Way, Suite 202  
Moraga, CA 94556  
(925)376-9900