

**REFERENCES**

List the name, relationship, years acquainted, and phone number of two references. (NO FRIENDS OR RELATIVES, PLEASE).			
NAME	RELATIONSHIP	YEARS ACQUAINTED	PHONE NUMBER

**SKILLS INVENTORY (CHECK ALL THAT APPLY)**

	Experience	Training		Experience	Training
Hospital	_____	_____	Transfer ROM	_____	_____
Nursing Home	_____	_____	Bathing	_____	_____
Private Home	_____	_____	TPR	_____	_____
Meal Preparation	_____	_____	Blood Pressure	_____	_____
Special Diets	_____	_____	Dressing Change	_____	_____
CVA	_____	_____	Warm/Cold Compression	_____	_____
Foley Care	_____	_____	Ostomy Care	_____	_____
Geriatric Care	_____	_____	Pediatric Care	_____	_____
Psychiatric Care	_____	_____	AIDS Care	_____	_____
Mother/Child Care	_____	_____	Mental Retardation Care	_____	_____
Oncology/Hospice Care	_____	_____			

Are you capable of performing in a reasonable manner the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job is attached. Do not answer this question unless you have been informed about the requirements of the job for which you are applying.  Yes  No

*I certify that all the information I have provided is true, complete and correct.*

*The information contained within this application or any cover letter or resume attached is not shared with any third parties. The information is used by the employer only as an aid in the hiring decision making process. The applicant, by signing the application gives the employer consent to collect the information contained herein and use for the purpose specified.*

*I authorize Care Givers to investigate all statements contained in this application. I understand that, in the event of employment, false or misleading information given in my application or interview may result in discharge.*

*I understand that if I am hired, I will be required to provide a recent criminal background check, ten year driving record, and TB test results at my cost.*

*I further understand and agree that, if I am employed, I will be an at-will employee and the company may terminate my employment at any time and for any reason.*

<b>Applicant's Signature:</b>	<b>Date:</b>
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We are an Equal Opportunity Employer. We comply with all applicable Federal, State and local laws concerning discrimination in employment.

All persons shall have the opportunity to be considered for employment without regard to race, color, religion, national origin, age, disability, (which includes history of mental disorder, mental retardation, learning disability and physical disability, blindness and atypical heredity cellular or blood trait), gender, marital status, liability for service in the Armed Forces of the United States, veteran's status, citizenship, sexual orientation, or any other characteristic protected by applicable federal or state laws. The company will endeavor to make a reasonable accommodation would impose an undue hardship on the operation of our business.



**A Division of Access Healthcare Services, Inc.**

# **EMPLOYMENT APPLICATION**

# Care Givers

## Application for Employment

Name (Last, First, Middle):			Date:
Street Address:		City, State:	Zip:
E-Mail:	Home Phone:	Cell Phone:	Alternate Phone:
Emergency Contact: Relationship:			
Position(s) applied for: <input type="checkbox"/> Caregiver <input type="checkbox"/> Nursing <input type="checkbox"/> Administrative:			Date Available:
Type of employment desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Please Specify Days and Hours Available: Are you available for live in assignments? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If currently employed, may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Desired Salary Range: \$ _____ per hour			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a current drivers license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been employed with Care Givers before? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, when?			
Do you have any friends or family employed with Care Givers? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you been convicted of a crime in the last seven (7) years? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, please explain: <i>CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FOR EMPLOYMENT.</i>			
To be considered for employment will you agree to provide a criminal background check and a ten year driving record? <input type="checkbox"/> Yes <input type="checkbox"/> No			
To be considered for employment will you agree to undergo a drug and TB test? <input type="checkbox"/> Yes <input type="checkbox"/> No			

## EDUCATIONAL BACKGROUND

List previous three (3) educational institutions attended, beginning with the most recent.			
School	City, State/Province	Graduated	Degree/Diploma
		<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	
		<input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____	

Training certifications if any, do you possess?		
Type	Expiration Date	Valid in State/Province
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have the following: CPR <input type="checkbox"/> Yes <input type="checkbox"/> No Last Certified: _____ First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No Last Certified: _____		

## EMPLOYMENT BACKGROUND

EMPLOYER:	TELEPHONE:	DATES EMPLOYED		JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS:				
JOB TITLE:	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER:		\$	per	
REASON FOR LEAVING:	HOURLY RATE/SALARY			
	FINAL			
MAY WE CONTACT FOR REFERENCE?		\$	per	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
EMPLOYER:	TELEPHONE:	DATES EMPLOYED		JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS:				
JOB TITLE:	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER:		\$	per	
REASON FOR LEAVING:	HOURLY RATE/SALARY			
	FINAL			
MAY WE CONTACT FOR REFERENCE?		\$	per	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		
EMPLOYER:	TELEPHONE:	DATES EMPLOYED		JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS:				
JOB TITLE:	HOURLY RATE/SALARY			
	STARTING			
IMMEDIATE SUPERVISOR AND TITLE AND PHONE NUMBER:		\$	per	
REASON FOR LEAVING:	HOURLY RATE/SALARY			
	FINAL			
MAY WE CONTACT FOR REFERENCE?		\$	per	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later		