



# Application for Employment

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin, or marital status. **Please fill out completely**

Name (First, Middle, Last)		Today's Date
Street Address (Not P.O. Box)		
City	State	ZIP
Phone	SSN	
Email	HCA #	

<b>Emergency Contact</b>	
Name	Phone
Address	Relationship
I am applying for a position as a	How did you hear about us?

<b>Transportation:</b> Many caregiver positions require the caregiver to transport a client.		
Do you have dependable transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Valid Driver License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any "At Fault" Automobile Accidents in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Major Violations in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	
Any Moving Violations in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	Any DUI or DWI Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No How Many?	
License Plate #	Make and Model Car	Auto Insurance Policy #
Insurance Company	Insurance Agent Name	Insurance Agent Phone

<b>Availability</b>			
Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments

<b>Education</b>		
High school	City/State	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
College	City/State	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other	City/State	Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Degrees/Certificates		
Special Skills or Courses		

<b>Experience</b>
Discuss any training or experience working with the elderly.
What would you like most about working with the elderly?
What would you like least about working with the elderly?

<b>Skills</b>					
Please indicate whether you have assisted with or performed the following tasks for seniors.					
Companionship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacuuming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathing/ Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dusting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grocery Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Grooming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean Bathrooms	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer Assist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed Linen Changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication Reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Are you vaccinated against COVID-19?</b>		
<input type="checkbox"/> Yes, I am fully vaccinated	<input type="checkbox"/> No, I only have one of two doses	<input type="checkbox"/> No, I am not vaccinated

**Employment History**

Please go back at least five years and tell us about your work history. Use reverse side of sheet if more space is required.

May we contact your current employer?

Yes    No

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

<b>Business References (NO Family) <u>Minimum of 3</u></b>			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

<b>Personal References (NO Family) <u>Minimum of 3</u></b>			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. Applications will be held for 60 days.

Signature	Date
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<b>For Office Use Only</b> – Interviewer Comments
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*Mail or Drop off*  
**AngeliCare In-Home Companion Care**  
**4840 N. First St., Suite 110**  
**Fresno, CA 93726**

**OR Fax to: 559-682-1071**