



IN-HOME SENIOR CARE

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

NAME: _____ **DOB:** ____/____/____ **SS#** ____-____-____

OTHER NAMES YOU MAY GO BY: _____

ADDRESS: _____

ALTERNATE ADDRESS: _____

CONTACT INFORMATION: HOME: (____) _____-____ / **CELL:** (____) _____-

EMAIL: _____

DATE AVAILABLE TO START: _____

PREFERRED HOURS TO WORK DURING THE DAY: DAY/NIGHT

DO YOU HAVE A CAR? Y/N

ARE YOU ABLE TO SHOW PROOF OF VEHICLE LIABILITY INSURANCE? Y/N

DO YOU HAVE A VALID DRIVER'S LICENSE? Y/N

PERSONAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Y/N **IF YES, EXPLAIN**

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? Y/N

ARE YOU 18 YEARS OR OLDER? Y/N **DO YOU HAVE A WORK PERMIT IF UNDER AGE 18?** Y/N

WORK EXPERIENCE: (3 MOST RECENT)

EMPLOYER	
DATES EMPLOYED	
PHONE	
JOB TITLE	
ADDRESS	
SUPERVISOR NAME	
DUTIES/ RESPONSIBILITIES	
REASON FOR LEAVING	

EMPLOYER	
DATES EMPLOYED	
PHONE	
JOB TITLE	
ADDRESS	
SUPERVISOR NAME	
DUTIES/ RESPONSIBILITIES	
REASON FOR LEAVING	

EMPLOYER	
DATES EMPLOYED	
PHONE	
JOB TITLE	
ADDRESS	
SUPERVISOR NAME	
DUTIES/ RESPONSIBILITIES	
REASON FOR LEAVING	

Professional References (List 2)

NAME/ADDRESS	PHONE	RELATIONSHIP

Personal References (Optional)

NAME/ADDRESS	PHONE	RELATIONSHIP

EDUCATION

SCHOOL	DIPLOMA/DEGREE RECEIVED/OR GED

DO YOU HAVE ANY EXPERIENCE WORKING WITH ELDERLY CLIENTS? Y/N

DO YOU HAVE EXPERIENCE WITH COOKING SMALL MEALS? Y/N

I certify that all statements made herein and on this document are true and correct to the best of my knowledge. I authorize investigation of all statements herein recorded. I release from liability all persons and organizations reporting information required by this application.

SIGNATURE

DATE