Caregiver Application Form

Date: [MM/DD/YYYY]				
First Name:	Last Name:			
Full Address:				
Email:	SSN/SIN #			
Phone:	Work Permit:			
Position you are applying for:				
Do you have a First Aid/CPR certificate?	P P 7	□YES □NO		
[If YES, please attach copy of certificate to ap		004		
Certification Registration #	Expiry Date [MM/YY	YY]		
AVAILABILITY				
, , ,	l Thursday □ Friday □ Satu	rday □ Sunday		
Desired wage amount: \$	□Hourly □Weekly □Me	onthly □Salary		
How many hours can you work weekly?	Can you work nights?	□YES □NO		
	Can you work weekends?	□YES □NO		
□4-16 □16-26 □26-40	Can you work holidays?	□YES □NO		
Type of employment desired:				
□FULL-TIME LIVE OUT □PART-TIME LIVE	OUT LIVE IN FULL TIME	☐ ON CALL		
What date are you available to start work? [N	IM/DD/YYYY]:			
NOTES:				

WORK EXPERIENCE	
JOB 1	
Name of Business/Employer:	Job Title/Position:
Employment Dates: Start [MM/YY]	End [MM/YY]
Phone/Email:	Location:
Person to Contact	Position in Company
Reason for Leaving Company:	
0	
Cana representative from our company contact your mos	t recent employer? │□YES □NO
WORK EXPERIENCE	
JOB 2	T. I. T. W. (D. 10)
Name of Business/Employer:	Job Title/Position:
Employment Dates: Start [MM/YY]	End [MM/YY]
Phone/Email:	Location:
Person to Contact	Position in Company
Reason for Leaving Company:	
Cana representative from our company contact this previous	ous employer?
Cana representative from our company contact the provide	ade employer:
WORK EXPERIENCE	
JOB 3	
Name of Business/Employer:	Job Title/Position:
Employment Dates: Start [MM/YY]	End [MM/YY]
Phone/Email:	Location:
Person to Contact	Position in Company
Reason for Leaving Company:	i conton in company
Troductive Loaving Company.	
Cana representative from our company contact this previo	ous employer? □YES □NO
TRANSPORTATION	

Do you currently hold a driver's licence?			□YES □NO
What is your current mode of transportation?			·
Driver's License Number#			
Location where the licence was issued			
Licence Expiration Date [MM/DD/YY]			
Would you be willing to provide a driving record?			□YES □NO
Any driving accidents in the past three years?	YES NO	How ma	ny?
If yes, please explain:			
Any driving violations in the past three 3 yrs.?	YES □NO	How ma	ny?
If yes, please explain:			,
COMMUNICATION			
Check the technology devices that you use:	☐Cell ☐	□Compute	r □Tablet
Do you have a data plan on your mobile device?			□YES □NO
Will you be willing to fill out a caregiver daily checklist after each visit? □YES □NO			
Additional Notes:			
PERSONAL REFERENCE CONTACTS (Exclud	ing family me	mbers)	
Reference 1			
Name:	Connection:		
Phone:	Email		
Have they been notified that they are a reference	?	□YES [⊐NO
Reference 2			
Name:	Connection:		
Phone:	Email:		
Have they been notified that they are a reference	?	□YES [□NO
Reference 2	,		
Name:	Connection:		
Phone:	Email:		
Have they been notified that they are a reference	?	□YES [⊐NO

EDUCATION INFORMA	TION					
LEVEL OF EDUCATION	NAME OF SCHOOL	PR	OGRAM		COMPLI	ETED
					□YES	□NO
					□YES	□NO
					□YES	□NO
					□YES	□NO
					□YES	□NO
					□YES	□NO
					□YES	□NO
					□YES	□NO
		•				
RECOGNITION(S) OR A	ACCOMPLISHMENT(S)					
LIST BELOW			DATE [MM/DD/Y	<u>Y]</u>		
CRIMINAL BACKGROU	JND					
	arged with a criminal offence	?	□YI	ES	□NO	
If so, please explain:			•			

PLEASE READ CAREFULLY	Y			
I authorize investigation of a misrepresentation or omission previous notice. I hereby gi (unless otherwise indicated),	on of facts called ve the employer p	for is cause fo	or dismiss	sal at any time without any
This is an equal employment decisions without regard to ra or age. We assure you that qualifications.	ace, color, religion,	, sex, sexual o	rientation	, national origin, citizenship,
Signature of Applicant	X			
Full Name of Applicant			DATE	
Thank you for completing this	application form a	and for your inte	erest in o	ur company
Office Use Only: Full name of authorized pe	rsonnel	X Signature	of autho	rized personnel
Position title of authorized personnel		Date [MM/DD/YYYY]		
ADDITIONAL EMPLOYER N	OTES:			