

# In-Home Companion Care Application

We are an equal opportunity registry, dedicated to a policy of non-discrimination in contractors on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Name		
Date	Email Address	
Street Address		
City	State	ZIP
Date of Birth	SSN	
Home Phone	Cell Phone	

<b>Emergency Contact</b>	
Name	Phone
Address	Relationship

I am applying for a position as a
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details

<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	Make and model car	
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

## Availability

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
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Comments
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## Education

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates

Degrees/certificates
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Special skills or courses
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## Experience

Discuss any training or experience working with the elderly
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What would you like most about working with the elderly?
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What would you like least about working with the elderly?
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## Employment History

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

**Business References**

Name	Address	Relationship/Years Known	Local Phone #

**Personal References**

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.

Signature	Date
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**For Office Use Only – Interviewer Comments**

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## YOUR LIMITS, STRENGTHS, AND WEAKNESSES

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

IN DEALING WITH:	I'M TERRIFIC	I'M GOOD	I'M FAIR	DON'T CALL ME
Bathing				
Grooming				
Running Errands				
Dressing				
Toileting				
Meal Preparation				
Feeding				
Meal Clean-up				
Dementia Care				
Alzheimer's Care				
M S Care				
Morning Wake-up				
Evening Tuck-in				
Lifting/Transfers				
Walking Assistance				
Medication Reminders				
Conversation				
Light Housekeeping				
Pay/Organize Bills				
Working in a smoking environment				
Speak Spanish				
Speak other language				
Pet Care				
Opposite Sex				

# In-Home Companion Care Reference Check Form

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

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

Person to Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Duties: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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## FOR OFFICE USE ONLY

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Rating	Excellent	Satisfactory	Needs Improvement	Unsatisfactory	Unable to Comment
Attendance					
Communication					
Dependability					
Leadership					
Quality of Work					

Signature of Person Completing Form

Date

\_\_\_\_\_

\_\_\_\_\_

