

**Application for Employment**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Your Full Name | | | | | | | | | Date | | |
| Street Address | | | | | City | | | | State | Zip | |
| Home Phone | | Cell Phone | | | SSN# | | | | Do you smoke?  Yes No | | |
| Date of Birth (Optional) | | | Ethnicity (Optional) | | | | How did you hear about us? | | | | |
| **Alternate Contact** | | | | | | | | | | | |
| Name | | | | | Phone | | | | | | |
| Address | | | | | Relationship | | | | | | |
| **Education** | | | | | | | | | | | |
| Date | | School, Location | | | Degree/Diploma | | | | Course of Study | | |
| Date | | School, Location | | | Degree/Diploma | | | | Course of Study | | |
| Date | | School, Location | | | Degree/Diploma | | | | Course of Study | | |
| **Special Licenses, Certifications or Registration** | | | | | | | | | | | |
| License/Certification Type | | | | License/Certification No. | | | State | | Expiration Date: | | |
| License/Certification Type | | | | License/Certification No. | | | State | | Expiration Date: | | |
| CPR Expiration Date | | | | Last Physical Exam Date | | | Lab TB/Chest X-Ray Date | | | | |
| **Skills** | | | | | | | | | | | |
| Companion Care and Safety |  | | Medication Reminders | | |  | | Oral Care | | |  |
| Alzheimer’s |  | | Transportation | | |  | | Shaving Assistance | | |  |
| Dementia |  | | Bathing(Reg,Bed,Sponge) | | |  | | Assist w/P.T Exercises | | |  |
| Meal Prep/Clean up |  | | Dressing/Grooming | | |  | | Hospice | | |  |
| Feeding |  | | Incontinence | | |  | |  | | |  |
| Light Housekeeping |  | | Ambulation | | |  | |  | | |  |
| Laundry |  | | Transfer Assist | | |  | |  | | |  |
| Appx. Hours per week available: | | | Days/Time you are available: | | | | | Can you be called at the last minute in case of an emergency? Yes No | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Transportation:**  Most clients require transportation, often using the Care Provider’s vehicle: | | | | | |
| Do you have dependable transportation? Yes No | | | Driver license# | | |
| **General Information** | | | | | |
| Are you legally authorized to work in the USA? Yes No  (If you became an employee of SUN VISTA HOME CARE AGENCY, you will be required to provide documentation providing your eligibility to work in the US.)  Have you ever been convicted of a felony or misdemeanor crime? Yes No  (This does not apply if the conviction has been expunged, is contained in a sealed record, or was a juvenile conviction.)  A criminal conviction will not necessarily bar you from employment. We will consider the nature of the crime, the time that has expired since its occurrence and any rehabilitation you have undergone. If yes, state the basis for each conviction and the date of the conviction: | | | | | |
| **Work History** | | | | | |
| Company | | From | | To | |
| Job title | | | Reason left | | |
| Duties | | | | | |
| Company | | From | | To | |
| Job title | | | Reason left | | |
| Duties | | | | | |
| Company | | From | | To | |
| Job title | | | Reason left | | |
| Duties | | | | | |
| **Referrences** – Please list three individuals with whom you have worked who were in a position to evaluate your performance. | | | | | |
| Name | Company | | Title | | Phone# |
| Name | Company | | Title | | Phone# |
| Name | Company | | Title | | Phone# |

SUN VISTA HOME CARE AGENCY is an Equal Opportunity Employer