

Have you previously worked as a caregiver? Yes No

When?

Have you ever been convicted of/or plead guilty to a crime (other than minor traffic violations)? Yes No

If yes, please explain: (give date, location, charge, etc.)

Do you have a valid driver's license? Yes No

DL# _____ Type: _____ State of Issue _____

Have you had any driving violations in the past 3 Years? Yes No

If yes, please describe _____

Educational Background: If you do not have a resume.

Type of School	Name/City	How many years attended	Graduated	Course or major
High School				
University				
Post graduate				
Business or trade				
Other				

Employment History/References:

List your last three (3) employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

1.

Employer: Telephone: ()	<u>Dates employed Month & Year</u>	Summarize the nature of the work performed and job responsibilities
Address:	<u>From/To</u>	
Job Title:		
Immediate Supervisor: Title:		
Reason for leaving:		
May we contact for reference/verification	YES NO	

2.

Employer: Telephone: ()	<u>Dates employed Month & Year</u>	Summarize the nature of the work performed and job responsibilities
Address:	<u>From/To</u>	
Job Title:		
Immediate Supervisor: Title:		
Reason for leaving:		
May we contact for reference/verification	YES NO	

3.

Employer: Telephone: ()	<u>Dates employed Month & Year</u>	Summarize the nature of the work performed and job responsibilities
Address:	<u>From/To</u>	
Job Title:		
Immediate Supervisor: Title:		
Reason for leaving:		
May we contact for reference/verification	YES NO	

Comments and other skills and qualifications (including explanation of any gaps in service):

I certify that the facts contained in this application are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or for subsequent discipline up to and including dismissal from employment if discovered at a later date.

If I am employed, I agree to comply with and be bound by the safety and health rules and regulations, and rules of conduct of Comfort Keepers.

I give Comfort Keepers and/or its' agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its' representatives, all persons and organizations/companies for furnishing such information.

If required, I agree to drug testing prior and during employment or for post accident occurrences.

Comfort Keepers is an Equal Opportunity Employer. Comfort Keepers does not discriminate in employment and no questions on this application are used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by state or federal law.

Signature of Applicant: _____ Date: _____

If you are successful in obtaining employment with Comfort Keepers answering the following questions will allow us to match you the 'carer' with the client. Please take time to complete this page.

Would you be comfortable with:

Assisting a female with bathing and toileting needs?	Y	N
Assisting a male with bathing and toileting needs?	Y	N
Assisting a client who is incontinent?	Y	N
Caring for someone with Alzheimer's/dementia?	Y	N
Caring for someone in hospice?	Y	N
Caring for someone in a nursing home or assisted living?	Y	N
12 hour over night care	Y	N
24 hour live in care	Y	N

Tell us what your comfort level is with:

Pets?

People who smoke?

Do you have allergies?

On a scale of 1 – 10 (10 best) how would you rate your skills on: -

Light Domestic Assistance	_____
Meal Preparation	_____
Medication Prompting	_____
Personal one-on-one care	_____
Respite	_____
Settling Service	_____
Shopping	_____
Social Support	_____
Transportation	_____
Verbal Communication	_____
Listening skills	_____
Ability to follow directions	_____
Flexibility	_____

How do you feel about your ability to work with other family members visiting or living in the home?