

Application For Employment

Caregiver Support Network

310 East 4500 South · Suite 200 · Murray, Utah 84107 · (801) 747-2100

Name _____

Address _____ City _____ Zip Code _____

Phone _____ Cell Phone _____

Other Phone (explain) _____

E-mail _____ Are you 18 years of age or older? Yes No

Position you are applying for: _____

Full Time _____ Part Time _____ What hourly wage do you expect? _____

Available Hours (please be specific, only list those hours you are ***REALLY*** willing to work).

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

What are your qualifications for this position? (Please list training, CPR certification, licenses, etc.)

Have you had any experience, personal or professional, with elderly people and/or those afflicted with Alzheimer's disease or other dementia? (Please explain)

Have you ever been convicted of a crime other than a misdemeanor?

No Yes, please explain:

In order to work with any Home Health Agency, a criminal background check must be completed. Please acknowledge that you give us permission to do a background check on you.

Yes, you have my permission to do a background check.
 No and I understand that by deciding "no," my application may not be considered.

Have you served in the U.S. Armed Forces?

Yes
 No

Check box if attaching resume containing Post-Secondary Education and Employment History. (Not necessary to fill in duplicate information below.)

Post-Secondary Education:

Name of Institution	City, State	Dates Attended	Graduated	Certification or Degree
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Professional License/Certification Type: _____
 Prof. License/Certification # _____ Exp date: _____ State: _____

Previous Employment History, starting with the most recent:

Company and Job Title	Supervisor and Phone Number	Responsibilities	Dates Employed	Reason for Leaving

May we contact all of the previous employers listed above? Yes No _____

Professional References (no friends or family please)

List three individuals who can provide information about your work habits:

	<u>Name</u>	<u>Phone Number</u>	<u>How do you know them?</u>
1.			
2.			
3.			

By Signing, you agree that everything on this application is true and accurate.

Signature _____ Date _____

Caregiver Support Network is an Equal Opportunity Employer and does not discriminate based on race, sex, or religious preference.