



Application For Employment

Name: _____ Position you are applying for: _____

Address: _____ City: _____ Zip Code: _____

Phone: _____ Email: _____

Are you at least 18 years of age? Yes No What hourly wage do you expect? _____

How did you hear about Caregiver Support Network? _____

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Full Time Part Time How many hours do you want to work per week? _____

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? Include misdemeanors. 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.

Clinical Staff Positions Only (PCA, CNA, LPN, RN, PT, PTA, OT, COTA, SLP)

This job requires certain physical demands, are you able to perform the following:

Independently lift 50 pounds to handle equipment and resident transfer/transport? Yes No

Walk, stand, stoop, balance, kneel, hear, reach, pull, talk, see, carry, handle, and handwrite effectively so as to be able to perform the job responsibilities of your profession? Yes No

This job may require the use of a computer for medical record input, are you able to perform the following:

Basic use of a computer, including computer keyboard, screen, and basic software? 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 (Which?) _____

Professional References (No Friends or Family, Please)

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

Name	Phone Number	How do you know them?
1.		
2.		
3.		

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

Signature _____ Date _____