

# BEST CARE 4 YOU - HOME CARE APPLICATION

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apt.# City Zip

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Are you a citizen of the United States? Yes No   If no, are you authorized to work in the U.S.? Yes No

Have you ever worked for this company? Yes No   If so, when? \_\_\_\_\_

Have you ever been convicted of a felony? Yes No   If yes, explain: \_\_\_\_\_

Have you ever had any professional license or certification placed under investigation, revoked, disciplined or suspended? Yes No   If yes, explain: \_\_\_\_\_

## Emergency Contact

In the event of an emergency the following person may be contacted: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## Position

Position Applied For: **Caregiver**

Shift Preference: A.M. Noon P.M. Overnight Any

Shift Type: 4 hr. 8hr. 12hr. Live-In Other

Position Desired: F/T P/T

Available to Start: \_\_\_\_\_

## Education

High School: \_\_\_\_\_ City and State: \_\_\_\_\_

Graduated? Yes No   Degree: \_\_\_\_\_

Technical/Trade School: \_\_\_\_\_ City and State: \_\_\_\_\_

Graduated? Yes No   Degree: \_\_\_\_\_

College/University: \_\_\_\_\_ City and State: \_\_\_\_\_

Graduated? Yes No   Degree: \_\_\_\_\_

**Professional References**

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**Previous Employment**

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Salary- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact your previous supervisor for a reference?** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Salary- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact your previous supervisor for a reference?** \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Salary- Starting: \_\_\_\_\_ Ending: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**May we contact your previous supervisor for a reference?** \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Discharge Rank: \_\_\_\_\_ Discharge Type: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Disclaimer and Signature**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to client assignments, I understand that false or misleading information in my application and/or interview may result in disciplinary action.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

Signature: \_\_\_\_\_

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