Date	Received:	
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CAREGIVER APPLICATION =

Welcome! When you return your completed application, please bring the items listed on the cover letter with you. Caregiver applicants are required to undergo a criminal background check*. ALL INFORMATION WILL REMAIN CONFIDENTIAL. We are an equal opportunity employer.

PLEASE PRINT +

			PARTICULAR CONTRACTOR
RAL INFORMATION			Santinachten - 190
	First Name	Middle 1	Name
reet	City	State	Zip Code
iomo logo il 10 Talente è sui – vi	gon meit lis vat sp	on sous to annual attnom at	
Number/Street	City	State -	Zip Code
Cell Phone:	Pag 197		
	CHRONICHES AND CHRONICAL STREET	Are you 18 years of age or	older?
u have been known by:			
☐ Full Time ☐ Part Time ☐ Re	elief Hou	urs preferred per week:	BRO BOOTH TO THE BUILDING
	NA NAR	Other:	
ted, suspended, or revoked?	Yes - please	e <u>explain</u> :	
		Tob or griller 1 tell six	
	es. is required. Do	NOT use family members or	past supervisors.
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tion. Do you have a current Driver's Li	cense? Tyes T	No Proof of auto insurance	e? Yes No
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EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	YEAR GRADUATED
High School				olosso . B
Undergraduate / College				
Graduate / Professional				
Other – Specify				

SPECIALIZED EXPERIENCE, VOLUNTEER WORK, TRAINING/SKILLS

Time Frame	2	Time Fram	<u>10</u>	Time Frame	2 1000 1000 1000	Time Frame	Ð
	_ Alzheimer's/Dementia _ Bathing Males/Females _ Bedpan Toileting/BSC _ Blind/Visually Impaired _ Blood Sugar Testing _ Cancer Care of Pressure Area		Colostomy Bag Depression/Mental Instability Diabetic Epileptic External Foley Care Feeding Tubes Foley Catheter		_ Foot Edema _ Heart Disease _ Medication Monitoring _ Mentally Handicapped _ Mobility Aids _ Non-Sterile Dressing _ Oxygen		_ Parkinson's Disease _ Positioning _ Preparing Special Diets _ Stroke _ Temperamental Client _ Vital Signs/Blood Pressure _ Weight
TRANSFERS:	☐Bedridden Pa	itients 🗆	Wheelchair 🔲	Hoyer Lift 🔲 _	Transfer Board	Other:	
What work	duties are you NOT willing	ng to do?	COLUMN DESIGNATION FOR THE PARTY OF	COLLA SESSOR	ANT IN THE ENGINE IN	1	Marada and Anni
INTERE	STS / HOBBIES	C and the	ala valoresi en ugie R rimanda		i Beyrione paleociil	Whateral tro	being very ora
Please list	any skills, hobbies, or	other activiti	es that would contribute to	o your proficien	cy as a caregiver.	Many 12- an	d 24-hour jobs include

considerable amounts of unstru able to teach to someone else.	ctured time, and leisure time par	rticipation wi	th the client is important.	. Please indicate activities you enjoy and/or	r are
☐ Board / Card Games	☐ Crafts		☐ Hairdressing	Reading to Client	
☐ Conversationalist	Crocheting / Knitting			Sewing .	
Cooking / Baking	☐ Gardening		☐ Puzzles	Other:	1
What meals do you typically cod	ok at home?	isperal and	ernobi-16m alak mesi pril	Belon respective (E) seeding national A	
How would you rate your cooking	g skills?	☐ Good	☐ Average ☐ TV	dinners	
Are you comfortable cooking for	m scratch or do you prefer using	g prepared fo	oods?		
How would you describe your po	ersonality (quiet, bubbly, humoro	ous)?			

Due to the fact we match client needs with caregiver abilities, pleas	se list any physical or mental limitations and/or impairments that would have a re than 10 pounds due to back. On medication and cannot drive while taking it.
direct effect off providing care to clients. For example, carnot hit mor	re than to pounds due to back. On medication and carnot drive winto taking in
	A CONTROL OF THE CONT

► List present or most recent job first. Please fill in ALL areas requested. **WORK HISTORY** Wage: \$ To: From: Employer: Job Title: Address: Job Duties: City/State/Zip: Supervisor: Phone: Reason for Leaving: Explain Time Between Jobs: Wage: \$ To: From: Employer: Job Title: Address: Job Duties: City/State/Zip: Supervisor: Phone: Reason for Leaving: Explain Time Between Jobs: ... Wage: \$ To: From: Employer: Job Title: Address: Job Duties: City/State/Zip: Supervisor: Phone: Reason for Leaving: Explain Time Between Jobs: To: Wage: \$ From: Employer: Job Title: Address: Job Duties: City/State/Zip: Supervisor: Phone: Reason for Leaving: Explain Time Between Jobs: Wage: \$ To: From: Employer: Job Title: Address: Job Duties: City/State/Zip: Supervisor: Phone: Reason for Leaving: Caregiving requires a high degree of dependability. Describe why you feel you are dependable. Give Examples. _

Days	EVel	nings (specify time; example: after 6 p.m.)	On-Call
12-Hour Daytime Shift		vailable Time – After:p.m.	Holidays
1 12-11oui Dayuino Oimi	the second secon	lour Awake Night Shift	
		nour Awake Nigrit Sriit	A STATE OF THE PARTY OF THE PAR
ELL US ABOUT YOU			To a take I shirteen
ase tell us about any caregi ample: Caregiving for pare		at included in your work history. Also incl	lude how long you performed those t
- A stylen			
	20.7.0		
		maintena?	- Annual Control
			carbina i set receio.
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			i i de la companya de
	DISCLOS	URE STATEMENT	Approximation of the contract
pplicants, employees, and registr gn this statement as part of our so	creening process, and annually thereafter as	laws that protect the clients we work with: vulner a requirement of employment.	# 250 kga Faoi concoli
ign this statement as part of our so	WHAT WILL DISQUALITY A PERS n for the following crimes, you are automatic	a requirement of employment. ON FROM WORKING WITH VULNERABLE ADU ally disqualified:	LTS?
ign this statement as part of our so	WHAT WILL DISQUALITY A PERS In for the following crimes, you are automatic Communication with a Minor for Immora	a requirement of employment. ON ESCH WORKING WITH VULNESABLE ADU ally disqualified: Purposes • Manslaughter 1* Degree	Sexual Exploitation of Minor
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Background Check Consent and Release Waiver

National Background Screening Consent Form

Applicant's Legal Name (printed	d)			
Social Security Number		Date of Birth		
Applicant's Address				
City	State	Zip		
I, organization to obtain informati			for the above named the following:	
 Local & National Criminal All 50 State Sex Offender Full Address Trace Social Security Verification 	Registries	rds/information		
I, the undersigned, authorize the telephone in connection with mainformation or records in accordance all claims of liability for compliant accordance with the organization	y application. Any dance with this au nce. Such inform	person, firm or o thorization is rele	rganization providing ased from any and	
By signing this document, I am for an initial background check necessary throughout the lengt Organization.	as well as any su	bsequent backgro	ound checks deemed	
Print Name:		Date:		
Signature:				