



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 ◆

PERSONAL AND GENERAL INFORMATION

Name: _____
Last Name First Name Middle Name

Address: _____
Number/Street City State Zip Code

Mailing Address (If Different): _____
Number/Street City State Zip Code

Home Phone _____ Cell Phone: _____ Message Phone: _____

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

List other names and aliases you have been known by: _____

Placement you are seeking: Full Time Part Time Relief Hours preferred per week: _____

Certifications/Licenses*: Certified Caregiver CNA NAR Other: _____
*Please include copy of any license(s) with your application

Has your license ever been limited, suspended, or revoked? No Yes – please explain: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status*? No Yes
*Proof of citizenship or immigration status will be required upon acceptance of application

Have you ever applied here before? No Yes – please give date(s) _____

Do you have family members or friends employed at Elder Options? No Yes – please list names: _____

PERSONAL REFERENCES

A minimum of three (3) references, including complete mail addresses, is required. **Do NOT use family members or past supervisors.**

NAME	ADDRESS - City, State, Zip	RELATIONSHIP	TELEPHONE

TRANSPORTATION

Some clients require transportation. Do you have a current Driver's License? Yes No Proof of auto insurance? Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone Number: _____

Alternate Name: _____ Relationship: _____ Phone Number: _____

EDUCATION

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

SPECIALIZED EXPERIENCE, VOLUNTEER WORK, TRAINING/SKILLS

Indicate months/years of experience for all that apply – for example: 6 mo. Cancer; 2 yrs. Stroke

<u>Time Frame</u>	<u>Time Frame</u>	<u>Time Frame</u>	<u>Time Frame</u>
<input type="checkbox"/> Alzheimer's/Dementia	<input type="checkbox"/> Colostomy Bag	<input type="checkbox"/> Foot Edema	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> Bathing Males/Females	<input type="checkbox"/> Depression/Mental Instability	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Positioning
<input type="checkbox"/> Bedpan Toileting/BSC	<input type="checkbox"/> Diabetic	<input type="checkbox"/> Medication Monitoring	<input type="checkbox"/> Preparing Special Diets
<input type="checkbox"/> Blind/Visually Impaired	<input type="checkbox"/> Epileptic	<input type="checkbox"/> Mentally Handicapped	<input type="checkbox"/> Stroke
<input type="checkbox"/> Blood Sugar Testing	<input type="checkbox"/> External Foley Care	<input type="checkbox"/> Mobility Aids	<input type="checkbox"/> Temperamental Client
<input type="checkbox"/> Cancer	<input type="checkbox"/> Feeding Tubes	<input type="checkbox"/> Non-Sterile Dressing	<input type="checkbox"/> Vital Signs/Blood Pressure
<input type="checkbox"/> Care of Pressure Area	<input type="checkbox"/> Foley Catheter	<input type="checkbox"/> Oxygen	<input type="checkbox"/> Weight

TRANSFERS: Bedridden Patients Wheelchair Hoyer Lift Transfer Board Other: _____

What work duties are you NOT willing to do? _____

INTERESTS / HOBBIES

Please list any skills, hobbies, or other activities that would contribute to your proficiency as a caregiver. Many 12- and 24-hour jobs include considerable amounts of unstructured time, and leisure time participation with the client is important. Please indicate activities you enjoy and/or are able to teach to someone else.

<input type="checkbox"/> Board / Card Games	<input type="checkbox"/> Crafts	<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Reading to Client
<input type="checkbox"/> Conversationalist	<input type="checkbox"/> Crocheting / Knitting	<input type="checkbox"/> Manicures	<input type="checkbox"/> Sewing
<input type="checkbox"/> Cooking / Baking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Other: _____

What meals do you typically cook at home? _____

How would you rate your cooking skills? Excellent Good Average TV dinners

Are you comfortable cooking from scratch or do you prefer using prepared foods? _____

How would you describe your personality (quiet, bubbly, humorous)? _____

MEDICAL

Due to the fact we match client needs with caregiver abilities, please list any physical or mental limitations and/or impairments that would have a direct effect on providing care to clients. For example: cannot lift more than 10 pounds due to back. On medication and cannot drive while taking it.

WORK HISTORY

► List present or most recent job first. Please fill in ALL areas requested.

Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			
Explain Time Between Jobs:			

Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			
Explain Time Between Jobs:			

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Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			

Caregiving requires a high degree of dependability. Describe why you feel you are dependable. Give Examples. _____

AVAILABILITY Indicate (1) for first choice, (2) second choice; up to (5) in order of preferred shifts:

<input type="checkbox"/> Days	<input type="checkbox"/> Evenings (specify time; example: after 6 p.m.)	<input type="checkbox"/> On-Call
<input type="checkbox"/> 12-Hour Daytime Shift	Available Time – After: _____ p.m.	<input type="checkbox"/> Holidays
	<input type="checkbox"/> 12-Hour Awake Night Shift	

TELL US ABOUT YOU

Please tell us about any caregiving experience you have that is not included in your work history. Also include how long you performed those tasks. (Example: Caregiving for parents or volunteer work.)

DISCLOSURE STATEMENT

Applicants, employees, and registrants of this organization are subject to state laws that protect the clients we work with: vulnerable adults and the elderly. You are required to sign this statement as part of our screening process, and annually thereafter as a requirement of employment.

WHAT WILL DISQUALIFY A PERSON FROM WORKING WITH VULNERABLE ADULTS?

1. If your record shows a conviction for the following crimes, you are automatically disqualified:

- | | | | |
|--|--|---|--|
| <ul style="list-style-type: none"> • Aggravated Murder • Arson 1st Degree • Assault 1st Degree • Assault 2nd Degree • Assault 3rd Degree • Assault 4th Degree (Simple Assault) • Assault of Child 1st Degree • Assault of Child 2nd Degree • Assault of Child 3rd Degree • Burglary 1st Degree • Child Abandonment • Child Abuse or Neglect as defined in RCW 26.44.020 • Child Buying or Selling • Child Molestation 1st Degree • Child Molestation 2nd Degree • Child Molestation 3rd Degree | <ul style="list-style-type: none"> • Communication with a Minor for Immoral Purposes • Criminal Abandonment • Criminal Mistreatment 1st Degree • Criminal Mistreatment 2nd Degree • Custodial Assault • Custodial Interference 1st Degree • Custodial Interference 2nd Degree • Extortion 1st Degree • Extortion 2nd Degree • Extortion 3rd Degree • Felony Indecent Exposure • Forgery • Incest • Indecent Liberties • Kidnapping 1st Degree • Kidnapping 2nd Degree • Malicious Harassment | <ul style="list-style-type: none"> • Manslaughter 1st Degree • Manslaughter 2nd Degree • Murder 1st Degree • Murder 2nd Degree • Patronizing a Juvenile Prostitute • Promoting Pornography • Promoting Prostitution 1st Degree • Prostitution • Rape 1st Degree • Rape 2nd Degree • Rape 3rd Degree • Rape of Child 1st Degree • Rape of Child 2nd Degree • Rape of Child 3rd Degree • Robbery 1st Degree • Robbery 2nd Degree • Selling or Distributing Erotic Material to Child | <ul style="list-style-type: none"> • Sexual Exploitation of Minor • Sexual Misconduct with Minor 1st Degree • Sexual Misconduct with Minor 2nd Degree • Theft 1st Degree • Theft 2nd Degree • Theft 3rd Degree • Unlawful Imprisonment • Vehicular Homicide (Negligent Homicide) • Violation of Child Abuse Restraining Order • Mfg. and/or Delivery of Controlled Substance • Possession with Intent to Manufacture and/or Deliver Controlled Substance |
|--|--|---|--|

2. If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified or terminated.
3. If a court, state department, disciplinary board, or dependency action has found that you have abuse, neglected, exploited, or sexually abused any minor or vulnerable adult, you are automatically disqualified from employment and/or placement through this organization.
4. If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified from employment and/or placement through this organization.
5. Have you ever been arrested or convicted of any of the crimes listed above? No Yes – Please describe: _____

Background Check Consent and Release Waiver

National Background Screening Consent Form

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicant's Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named Organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer/employment assignment with this Organization.

Print Name: _____ Date: _____

Signature: _____