

CAREGIVER EMPLOYMENT APPLICATION

DUNN SISTA'S HOME CARE LLC

NON-MEDICAL HOME CARE AGENCY

SECTION 1: APPLICANT INFORMATION

Full Legal Name: _____

Date of Birth: ___/___/_____ Social Security Number: ___-___-___

Current Address: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Mailing Address (if different): _____

Home Phone: (____) ___-___ Cell Phone: (____) ___-___

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: (____) ___-___ Relationship: _____

Are you 18 years of age or older? Yes No

Are you legally authorized to work in the United States? Yes No

If hired, can you provide documentation to establish your identity and work authorization? Yes No

SECTION 2: EMPLOYMENT AVAILABILITY

Position Applied For: _____

Desired Hourly Rate: \$_____.____

Are you available to work: Full-time (30+ hours/week) Part-time (less than 30 hours/week)

What days are you available to work? (Check all that apply)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What shifts are you available to work? (Check all that apply)

Morning (6 AM - 2 PM) Afternoon (2 PM - 10 PM) Evening (10 PM - 6 AM) Overnight

Live-in Weekends Holidays

Can you work overtime if needed? Yes No

Date Available to Start: ___/___/_____

SECTION 3: WORK EXPERIENCE

Please list your last three (3) employers, beginning with the most recent:

EMPLOYER 1:

Company Name: _____

Address: _____

Supervisor Name: _____

Phone Number: (____) ___-___

Position/Job Title: _____

Employment Dates: From ___/___/_____ To ___/___/_____

Starting Wage: \$_____ Ending Wage: \$_____

Duties and Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? Yes No

EMPLOYER 2:

Company Name: _____

Address: _____

Supervisor Name: _____

Phone Number: (____) ____-____

Position/Job Title: _____

Employment Dates: From ___/___/_____ To ___/___/_____

Starting Wage: \$_____ Ending Wage: \$_____

Duties and Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? Yes No

EMPLOYER 3:

Company Name: _____

Address: _____

Supervisor Name: _____

Phone Number: (____) ____-____

Position/Job Title: _____

Employment Dates: From ___/___/_____ To ___/___/_____

Starting Wage: \$_____ Ending Wage: \$_____

Duties and Responsibilities: _____

Reason for Leaving: _____

May we contact this employer? Yes No

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain: _____

SECTION 4: EDUCATION & CERTIFICATIONS

HIGH SCHOOL:

Name of School: _____

Location: _____

Did you graduate? Yes No Year of Graduation: _____

COLLEGE/UNIVERSITY:

Name of School: _____

Location: _____

Degree Earned: _____

Major/Field of Study: _____

Year of Graduation: _____

OTHER EDUCATION/TRAINING:

Name of Institution: _____

Type of Training/Certificate: _____

Date Completed: __/__/____

CERTIFICATIONS & LICENSES (Check all that apply):

CNA (Certified Nursing Assistant) License #: _____ Exp. Date: __/__/____

HHA (Home Health Aide) License #: _____ Exp. Date: __/__/____

CPR Certified Certification Date: __/__/____

First Aid Certified Certification Date: __/__/____

Other: _____ License #: _____ Exp. Date: __/__/____

SECTION 5: TRANSPORTATION & IDENTIFICATION

Do you have a valid driver's license? Yes No

Driver's License Number: _____

State Issued: _____ Expiration Date: __/__/____

Do you have reliable transportation to work assignments? Yes No

Do you have current auto insurance? Yes No

Insurance Company: _____

Are you willing to transport clients in your personal vehicle? Yes No

Have you had any moving violations in the past three years? Yes No

If yes, please explain: _____

Have you ever had your driver's license suspended or revoked? Yes No

If yes, please explain: _____

SECTION 6: SKILLS & EXPERIENCE

Do you have experience providing care to:

Elderly clients Disabled clients Clients with dementia/Alzheimer's

Clients with diabetes Clients with mobility issues Post-surgical clients

Are you comfortable performing the following tasks? (Check all that apply):

Personal hygiene assistance (bathing, grooming)

Medication reminders (non-medical)

Meal preparation and feeding assistance

Light housekeeping and laundry

Companionship and conversation

- Transportation to appointments
- Mobility assistance and transfers
- Shopping and errands

Languages Spoken Fluently:

- English
- Spanish
- Other: _____

Do you have experience using assistive devices?

- Wheelchairs
- Walkers
- Hoyer lifts
- Other: _____

Rate your physical ability to perform caregiving duties:

- Excellent
- Good
- Fair
- Poor

Can you lift and carry up to 50 pounds? Yes No

SECTION 7: PROFESSIONAL REFERENCES

Please provide three (3) professional references (not family members):

REFERENCE 1:

Name: _____

Title: _____

Company: _____

Phone Number: (____) ____ - ____

Email: _____

Relationship to you: _____

How long have they known you? _____

REFERENCE 2:

Name: _____

Title: _____

Company: _____

Phone Number: (____) ____ - ____

Email: _____

Relationship to you: _____

How long have they known you? _____

REFERENCE 3:

Name: _____

Title: _____

Company: _____

Phone Number: (____) ____ - ____

Email: _____

Relationship to you: _____

How long have they known you? _____

SECTION 8: BACKGROUND & LEGAL QUESTIONS

Have you ever been convicted of a crime, including misdemeanor or felony? Yes No

(Note: A conviction does not automatically disqualify you from employment. All circumstances will be considered.)

If yes, please provide details (date, charge, disposition):

Are there any pending criminal charges against you? Yes No

If yes, please explain: _____

Have you ever been listed on any state registry as a result of abuse, neglect, or exploitation of a vulnerable adult or child?

Yes No

If yes, please explain: _____

Do you have any physical or mental conditions that would prevent you from performing the essential functions of this position with or without reasonable accommodation? Yes No

If yes, please describe any accommodations needed:

Have you ever been terminated from a position involving care of elderly, disabled, or vulnerable individuals? Yes No

If yes, please explain: _____

SECTION 9: APPLICANT CERTIFICATION & SIGNATURE

I certify that the information provided in this application is true, complete, and correct to the best of my knowledge. I understand that any false, incomplete, or misleading information may result in my disqualification from consideration for employment or termination if discovered after employment.

I authorize this company to investigate all statements contained in this application and to contact my former employers, references, and educational institutions. I release this company, my former employers, references, and educational institutions from any liability that may result from providing information in connection with my application for employment.

I understand that this application does not constitute an offer of employment or a contract for employment. If hired, I understand that my employment will be "at-will," meaning that either I or the company may terminate the employment relationship at any time, with or without cause or advance notice.

I consent to a background check, including but not limited to criminal history, employment verification, educational verification, reference checks, and motor vehicle record check. I understand that a background check is required for this position and that any offer of employment will be contingent upon satisfactory completion of all required background checks.

I understand and agree to comply with all company policies, procedures, and requirements if employed, including but not limited to confidentiality agreements, health screening requirements, and mandatory training programs.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE TO THE ABOVE STATEMENTS.

Applicant Signature: _____ Date: ___/___/_____

Print Name: _____

SECTION 10: FOR OFFICE USE ONLY

Application Received Date: ___/___/_____

Received By: _____

Interview Date: ___/___/_____ Interviewer: _____

Interview Rating: Excellent Good Fair Poor

Background Check Completed: __/__/____ Results: Pass Fail

References Checked: __/__/____ Results: Satisfactory Unsatisfactory

Decision: Hire Do Not Hire Hold for Future Consideration

Date of Decision: __/__/____

Decision Made By: _____

Comments:

EQUAL EMPLOYMENT OPPORTUNITY STATEMENT

DUNN SISTA'S HOME CARE is an Equal Opportunity Employer and does not discriminate against applicants or employees on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older), disability, genetic information, veteran status, or any other characteristic protected by federal, state, or local law. We are committed to providing equal employment opportunities and maintaining a workplace free from discrimination and harassment.

AT-WILL EMPLOYMENT ACKNOWLEDGMENT

Employment with DUNN SISTA'S HOME CARE is at-will. This means that either the employee or DUNN SISTA'S HOME CARE may terminate the employment relationship at any time, with or without cause, and with or without advance notice. No employee handbook, policy, statement, or practice can alter this at-will relationship except through a written agreement signed by DUNN SISTA'S HOME CARE authorized representative and the employee.

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION

As part of the application process, the company may obtain a consumer report and/or investigative consumer report about you from a consumer reporting agency. These reports may include information about your character, general reputation, personal characteristics, mode of living, credit history, criminal history, and employment history. You have the right to request disclosure of the nature and scope of any investigative consumer report and to request a copy of any consumer report by contacting DUNN SISTA'S HOME CARE Human Resources Department.

By signing this application, you authorize DUNN SISTA'S HOME CARE to obtain such reports and agree to the terms set forth in this disclosure and authorization.