

# Caregiver Application

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

Please print clearly.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE NUMBER: \_\_ (\_\_\_\_\_) \_\_\_\_\_

What languages can you speak fluently? \_\_\_\_\_

If hired, can you provide proof that you are eligible to work in the U.S.?

YES  NO

Are you able to lift \_\_\_\_\_ lbs? YES  NO

Can you work on-call or are you flexible with your work schedule? YES  NO

Please check off one box:

Are you organized? YES  NO  Are you patient? YES  NO

Are you responsible? YES  NO  Are you honest? YES  NO

Are you caring? YES  NO

Are you willing to follow instructions? YES  NO

Have you ever been arrested or incarcerated? YES  NO

If yes, please explain why?

\_\_\_\_\_  
\_\_\_\_\_

EDUCATION

High School: \_\_\_\_\_ Year Graduated \_\_\_\_\_

College: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Trade/Tech School: \_\_\_\_\_ Year Graduated \_\_\_\_\_

Degrees:

\_\_\_\_\_

What Health Care certificates or licenses do you have (i.e. CNA, LVN, HHA, RN)?

\_\_\_\_\_

\_\_\_\_\_

TASKS/EXPERIENCE

Have you ever worked with someone who has a disability? YES  NO

Have you had experience with any of the following tasks:

Wound Care YES  NO  Catheter Care YES  NO

Bowel and bladder care YES  NO  Ventilator Care YES  NO

Insulin Injections YES  NO  Vital signs YES  NO

Other services

\_\_\_\_\_

\_\_\_\_\_

Describe your cooking abilities: Excellent  Good  Fair  Poor

Are you able to cook:

Low/No Sugar diet YES  NO  Low/No Salt diet YES  NO

Low Cholesterol diet YES  NO  Vegetarian/Vegan diet YES  NO

Are you willing to go grocery shopping? YES  NO

Are you willing to run errands? YES  NO

Are you willing to do laundry? YES  NO  Are you willing to iron? YES  NO

Are you willing to drive me to doctor appointments? YES  NO

Please describe any other skills or trainings related to homecare assistance you may have:

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### WORK HISTORY

Dates of Employment	Name of Employer	Job Description	Reason for leaving	Contact information

### PERSONAL REFERENCES

Name	Address	Phone number

I certify that the above information is correct and true to the best of my knowledge. I further authorize you, the consumer, to contact the above employers and references concerning my work and character. I waive any claims I may have regarding any such reference information. I also understand that all of the information stated above is confidential and will not be released to any third parties without my consent. I also agree that any confidential information that I may come into contact during my employment with you will be kept confidential.

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Signature of Applicant

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Date

SAMPLE