

# **Andrea's Home Health Service**

## **Employee Application Form**

Full Name:

Date of Birth:

Social Security Number (Employment Verification Only):

Address:

City:

State:

Zip:

Phone:

Email:

Emergency Contact Name:

Emergency Contact Phone:

Position Applying For:

Caregiver

Personal Care Assistant

Homemaker

Companion

Date Available to Start:

Preferred Hours:

Full-Time

Part-Time

Live-In

## Qualifications & Experience

Previous caregiving experience?

Yes

No

If yes, explain:

## Certifications:

CNA

PCA

HHA

CPR

Other

Legally eligible to work in US?

Yes

No

Valid driver's license?

Yes

No

Reliable transportation?

Yes

No

Work History (Last 3 Jobs)

Employer 1:

Job Title:

Dates of Employment:

Supervisor Name & Phone:

Reason for Leaving:

Employer 2:

Job Title:

Dates of Employment:

Supervisor Name & Phone:

Reason for Leaving:

Employer 3:

Job Title:

Dates of Employment:

Supervisor Name & Phone:

Reason for Leaving:

## Background Information

Convicted of a crime?

Yes

No

If yes, explain:

Willing to undergo background check?

Yes

No

Availability:

Mon

Tue

Wed

Thu

Fri

Sat

Sun

Morning

Afternoon

Evening

Overnight

Weekends

Applicant Signature (type name):