Andrea’s Home Care Services — Employee Application Form

Address: _____

Phone: _____

Email: _____

Website:

APPLICANT INFORMATION

Full Name: _____

Date of Birth: _____

Social Security Number: _____

(For employment verification and background screening purposes only.)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

POSITION APPLYING FOR

Caregiver

Personal Care Assistant

Homemaker

Companion

Other: _____

Date Available to Start: _____

Preferred Hours: Full-Time Part-Time Live-In

QUALIFICATIONS & EXPERIENCE

Do you have previous caregiving experience?

Yes No

If yes, explain:

Certifications (check all that apply):

CNA PCA HHA CPR/First Aid Other: _____

Are you legally eligible to work in the United States?

Yes No

Do you have a valid driver's license?

Yes No

License State: _____ Exp. Date: _____

Do you have 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

Have you ever been convicted of a crime?

Yes No

If yes, please explain:

Are you willing to undergo a background check?

Yes No

AVAILABILITY

Days Available:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Shifts You Can Work:

Morning Afternoon Evening Overnight Weekends

REFERENCES (Two Professional References Required)

Reference 1 Name:

_____

Relationship: _____

Phone: _____

Reference 2 Name:

_____

Relationship: _____

Phone: _____

APPLICANT STATEMENT

I certify that all information provided in this application is true and complete to the best of my knowledge. I understand that providing false information may result in disqualification or termination of employment.

Applicant Signature: _____

Date: _____