**INSTRUCTIONS:** Please complete all questions.

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| **Personal Information** | | | | | | | | | Date: | | |
| Name: | **Last:** | | | **First:** | | | | | **Middle:** | | |
| Present Address: |  | | | **City:** | | | | | **State:** | | **Zip:** |
| How long at this address? | | | | | | | Social Security No.: - - | | | | |
| Home Phone: ( ) - Cell Phone: ( ) -  Which number is the best number to reach you for shift assignments/changes?  Email address:  Emergency Contact: Name: Relation:  Home Phone: Business Phone: Cell Phone: | | | | | | | | | | | |
| Position applied for: CNA PCA LPN RN Companion | | | | | | | | | | | |  | |
| Have you ever applied here before: □ YES □ NO | | | | | | | | | | | |  | |  |
| Were you recommended to us by anyone? □ YES □ NO  If yes, who is it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| |  |  | | --- | --- | | **AVAILABILITY:**  □ Anytime □ Weekdays only  Mon – From: To:  Tue – From: To:  Wed – From: To:  Date you are available to begin work? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ Weekends Only □ Live In  Thur – From: To:  Fri – From: To:  Sat – From: To:  Sun- From: To: | | Are you available for emergencies or “on-call” situations? | □ YES □ NO | | Are you willing to travel more than 30 minutes from your house?  Are you willing to travel more than 45 minutes from your house?  Are you willing to travel more than 1 hour from your house? | □ YES □ NO  □ YES □ NO  □ YES □ NO | | Do you have car insurance and a dependable vehicle?  Are you willing to drive the Client in your vehicle to Dr’s appointments, grocery stores, banks & other errands? | □ YES □ NO  □ YES □ NO |  Education Information | | | | | | | | | | | | | |
| TYPE OF SCHOOL | | NAME OF SCHOOL | LOCATION (City, State) | | | | | NUMBER OF YEARS COMPLETED | | MAJOR & DEGREE | |
| High School | |  |  | | | | |  | |  | |
|  | |  |  | | | | |  | |  | |
| College | |  |  | | | | |  | |  | |
|  | |  |  | | | | |  | |  | |
| Bus. Or Trade School | |  |  | | | | |  | |  | |
|  | |  |  | | | | |  | |  | |
| Professional School | |  |  | | | | |  | |  | |
|  | |  |  | | | | |  | |  | |
| |  | | --- | | Please check any Certification(s) you currently possess:  Certified Nursing Assistant  Medication Technician   Certified Medicine Aide  CPR certification   Geriatric Nursing Assistant  First Aid Certification | | | | | | | | | | | | |
| Do you have any other special experiences or additional training that you would like to share with us? If so, please list. | | | | | |  | | | | | |
| Personal Reference Information | | | | | | | | | | | |
| List two personal references. **DO NOT LISTrelatives or previous supervisors.** | | | | | | | | | | | |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Friend  Co-worker  Teacher  Pastor   Current Client  Former Client  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone where person can be reached 9a – 5p  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Friend  Co-worker  Teacher  Pastor   Current Client  Former Client  Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Telephone where person can be reached 9a – 5p  (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |

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| **Work Experience** | | | | |
| Please list **at least two** of your work experiences in thepast five years **beginning with your most recent job held. If you were self-employed, give company name.** Attach additional sheets if necessary. | | | | |
| **1. Name and address of employer:** | Name of last supervisor: | | Employment dates: | Pay or salary: |
|  |  | | From:  To: | Start:  Final: |
| Phone number: | Your Last Job Title: |  | | |
| Reason for leaving (be specific): | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here: | | | | |
| May we contact your present employer?  Yes  No  If NO, Please Explain Why and Please Provide Us With Another Work Reference: | | | | |
| **2. Name and address of employer:** | Name of last supervisor: | | Employment dates: | Pay or salary: |
|  |  | | From:  To: | Start:  Final: |
| Phone number: | Your Last Job Title: |  | | |
| Reason for leaving (be specific): | | | | |
| List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked here: | | | | |
| May we contact your present employer?  Yes  No  If NO, Please Explain Why and Please Provide Us With Another Work Reference: | | | | |

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| Have you worked with Elderly People before?  If yes, for how long? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Have you worked with people with Alzheimer’s before?  Have you worked in a Nursing Home before?  Have you worked with people on Hospice before? | □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES □ NO |
| Are you able to work for a Client that has dogs?  Are you willing to walk the dog(s)?  Are you able to work for a Client that has cats?  Are there any other animals that would prevent you from working at a Client’s residence? | □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES Specify \_\_\_\_\_\_\_\_\_\_\_\_  □ NO |
| Are you able to work for a Client that smokes?  Are you able to work for a Client that drinks alcohol? | □ YES □ NO  □ YES □ NO |
| Are you fluent and can speak another language?  If yes, what language(s) | □ YES □ NO  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Are you comfortable working for a Client who is on routine medication and requires medicine reminders?  Would you be willing to learn medication administration?  Are you comfortable working for a Client who has an oxygen tank?  Are you able to transfer a Client using a gait belt?  Are you able to transfer a Client using a sliding board?  Have you ever used a Hoyer lift?  Have you ever taken care of a person with diabetes?  Are you comfortable checking blood glucose levels by finger stick?  Have you ever prepared meals for a diabetic?  Would you be comfortable preparing meals for Client’s with dietary restrictions? | □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES □ NO  □ YES □ NO |

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| How would you rate yourself on your experience with the following aspects of caregiving?  1 = No Experience 2 = Some Experience 3 = Good Experience 4 = Excellent Experience | | | |
| Companionship  Meal Preparation  Light Housekeeping  Bathing / Showering  Dressing / Grooming  Transferring |  1  2  3  4   1  2  3  4   1  2  3  4   1  2  3  4   1  2  3  4   1  2  3  4 | Incontinence Care  Dementia / Alzheimer’s Care |  1  2  3  4   1  2  3  4 |
| Comments: |  |

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| PLEASE READ CAREFULLY |
| APPLICATION FORM WAIVER |
| In exchange for the consideration of my job application by Southern Companions, LLC., I agree that:  Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Southern Companions company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Southern Companions, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Southern Companions. Both the undersigned and Southern Companions may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Southern Companions may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. |
| I also understand that (1) Southern Companions has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations. |
| I understand that, in connection with the routine processing of your employment application, Southern Companions may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, Southern Companions will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. For this type of Employment, state law requires a national and state background check as a condition of employment.  I hereby release any and all prior employers or current employers from liability or claims arising out of the provision of information about my employment with such employer. I hereby waive any cause of action I might otherwise have against such employer arising out of the provision of information concerning my employment. |
| I further understand that my employment with Southern Companions shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with Southern Companions is terminable at will for any reason by either party. |
| I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give Southern Companions permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Southern Companions from any liability as a result of such contract. |
| Signature of applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Southern Companions is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this depends solely on your qualifications. |
| Thank you for completing this application form and for your interest in our business.  Please return this application to our office at your earliest convenience.  A drawing of a cartoon character  Description automatically generated  623 Green St., NW Suite B  Gainesville, GA. 30501  678-971-4147 Phone  770-825-9221 Fax |