



# CAREGIVER EMPLOYMENT APPLICATION

**INSTRUCTIONS:** Please complete all questions.

<b>Personal Information</b>			<b>Date:</b>	
<b>Name:</b>	<b>Last:</b>	<b>First:</b>	<b>Middle:</b>	
<b>Present Address:</b>	<b>Street:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
How long at this address?		Social Security No.:            -            -		
Home Phone: (    )            -		Business 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        Companion				
Have you ever applied here before: <input type="checkbox"/> YES <input type="checkbox"/> NO				
Were you recommended to us by anyone? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, who is it? _____				

<b>AVAILABILITY:</b>				
<input type="checkbox"/> Anytime	<input type="checkbox"/> Weekdays only	<input type="checkbox"/> Weekends Only	<input type="checkbox"/> Live In	
Mon - From:	To:	Thur - From:	To:	
Tue - From:	To:	Fri - From:	To:	
Wed - From:	To:	Sat - From:	To:	
		Sun- From:	To:	
Date you are available to begin work? _____				
Are you available for emergencies or "on-call" situations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Are you willing to travel more than 30 minutes from your house?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Are you willing to travel more than 45 minutes from your house?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Are you willing to travel more than 1 hour from your house?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Do you have car insurance and a dependable vehicle?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
Are you willing to drive the Client in your vehicle to Dr's appointments, grocery stores, banks & other errands?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		



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## 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 LIST relatives 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 the past five years **beginning with your most recent job held**. If you were self-employed, give company name. Attach additional sheets if necessary.

<b>1. Name and address of employer:</b>	Name of last supervisor:	Employment dates:	Pay or salary:
		From:	Start:
		To:	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, Please Explain Why and Please Provide Us With Another Work Reference:			
<b>2. Name and address of employer:</b>	Name of last supervisor:	Employment dates:	Pay or salary:
		From:	Start:
		To:	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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NO, Please Explain Why and Please Provide Us With Another Work Reference:			

Have you worked with Elderly People before? If yes, for how long? _____	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you worked with people with Alzheimer's before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you worked in a Nursing Home before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you worked with people on Hospice before?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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Are you able to work for a Client that has dogs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you willing to walk the dog(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to work for a Client that has cats?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are there any other animals that would prevent you from working at a Client's residence?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Specify _____
Are you able to work for a Client that smokes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to work for a Client that drinks alcohol?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you fluent and can speak another language?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, what language(s)	_____	
Are you comfortable working for a Client who is on routine medication and requires medicine reminders?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you be willing to learn medication administration?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you comfortable working for a Client who has an oxygen tank?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to transfer a Client using a gait belt?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you able to transfer a Client using a sliding board?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever used a hooyer lift?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever taken care of a person with diabetes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you comfortable checking blood glucose levels by finger stick?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you ever prepared meals for a diabetic?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Would you be comfortable preparing meals for Client's with dietary restrictions?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Incontinence Care <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Meal Preparation <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Dementia / Alzheimer's Care <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Light Housekeeping <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	Comments
Bathing / Showering <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Dressing / Grooming <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
Transferring <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	



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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.

**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.**



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