HOMEWORK SOLUTIONS
homeworksolutions.com

Caregiver Employment Application

2 Pidgeon Hill Dr.
Suite 300
Sterling, Virginia 20165

Phone (703) 404-8151
Toll Free (800) 626-4829
Fax (703) 404-8155

Personal Information

Name *(First, Middle, Last)*

Date

Mailing Address *(Include Apartment Number)*

City

State

Zip Code

Email Address

Mobile Phone

Evening Phone

Fax Number

Available Starting Date

Hours Available To Work

Days Available To Work

Desired Salary Range

18 years of age or older? ◯ Yes ◯ No

Do you smoke? ◯ Yes ◯ No

If No, do you object to smoking? ◯ Yes ◯ No

Are you legally eligible to work in the U.S.? ◯ Yes ◯ No

Do you have a driver's license? ◯ Yes ◯ No

Since When?

List State and License Number

Have you ever had a moving or driving related violation or traffic accident? *(include tickets)* ◯ Yes ◯ No

If yes, list specifics.

Have you ever been the subject of a substantiated complaint of sexual abuse? ◯ Yes ◯ No

If yes, please explain.

Are you certified in First Aid? ◯ Yes ◯ No

Are you certified in CPR? ◯ Yes ◯ No

Are you certified in lifesaving? ◯ Yes ◯ No

Are you willing to become certified in these programs? ◯ Yes ◯ No

If no, please list which programs you are NOT willing to become certified in.

Are you comfortable caring for adults when they are mildly ill? ◯ Yes ◯ No

Do you require your employer to offer health insurance? ◯ Yes ◯ No

Please list any pets you would NOT be comfortable being around/living with.

Are you comfortable caring for adults with cognitive impairment? *(ie. Dementia)* ◯ Yes ◯ No

Have you ever worked under a different name? ◯ Yes ◯ No

If yes, provide name(s).

Emergency Information

Who should we contact in an emergency?

Phone Number

Alternate emergeny contact?

Phone Number

HOMEWORK SOLUTIONS
homeworksolutions.com

Caregiver Employment Application

2 Pidgeon Hill Dr.
Suite 300
Sterling, Virginia 20165

Phone (703) 404-8151
Toll Free (800) 626-4829
Fax (703) 404-8155

Medical Information

Do you have any medical condition that could affect your ability to provide mobility assistance to a senior?

◯ Yes ◯ No

If yes, please explain.

For each of the following, please indicate if you are willing to submit to, at no expense to you.

Physical Examination ◯ Yes ◯ No

Drug Screening ◯ Yes ◯ No

T.B.Test ◯ Yes ◯ No

Annual Flu Shot ◯ Yes ◯ No

Have you been immunized against the common childhood diseases? ◯ Yes ◯ No

If no, which ones have you NOT been immunized against?

Have you received the Tdap vaccine or a Td booster within the last 10 years? ◯ Yes ◯ No

If no, please explain.

Educational Background

Do you have a high school diploma/GED? ◯ Yes ◯ No

Please list name of high school.

Please list name of college *(If attended)*

Dates attended

Major

Degree/Certificate Received

Phone Number

Please list any other special training you would like us to be aware of.

Employment History

Current Employer *(If a company, full company name)*

Supervisor's Name

Phone Number *(If different)*

Employer's Full Mailing Address

City

State

Zip Code

Employer's Telephone Number

Position You Held

Employed Since

Ending Salary

Reason For Leaving

May we contact? ◯ Yes ◯ No

HOMEWORK SOLUTIONS
homeworksolutions.com

Caregiver Employment Application

2 Pidgeon Hill Dr.
Suite 300
Sterling, Virginia 20165

Phone (703) 404-8151
Toll Free (800) 626-4829
Fax (703) 404-8155

List ALL SENIORCARE References for the Past FIVE Years

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ◯ Yes ◯ No

Reason For Leaving

Describe Your Responsibilities In Detail

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ◯ Yes ◯ No

Reason For Leaving

Describe Your Responsibilities In Detail

Company/Family Name | Date Employed From | Date Employed To

Employer's Full Mailing Address | City | State | Zip Code

Employer's Telephone Number | Position You Held | Ending Salary | May we contact? ◯ Yes ◯ No

Reason For Leaving

Describe Your Responsibilities In Detail

HOMEWORK SOLUTIONS
homeworksolutions.com

Caregiver Employment Application

2 Pidgeon Hill Dr.
Suite 300
Sterling, Virginia 20165

Phone (703) 404-8151
Toll Free (800) 626-4829
Fax (703) 404-8155

Reference 1

Personal, Character or Professional

Name *(First, Middle, Last)*

Relationship

Phone Number

Length Of Time Known

Reference 2

Personal, Character or Professional

Name *(First, Middle, Last)*

Relationship

Phone Number

Length Of Time Known

Caregiving Preferences

Select ALL caregiving tasks preferred.

- ☐ Companionship Care
- ☐ Meal Preparation
- ☐ Activities *(puzzles/games)*
- ☐ Medication Reminders
- ☐ Dementia/Alzheimers
- ☐ Laundry
- ☐ Personal Care
- ☐ Housekeeping
- ☐ Driving Appointments
- ☐ Shopping
- ☐ Errands
- ☐ Other

If other selected, please list.

Have you had to handle an emergency of any kind? ○ Yes ○ No

If yes, please explain.

Any other information you wish to share?

Availability

Shift	Monday	Tuesday	Wednesday	Thrusday	Friday	Saturday	Sunday
From:							
To:							

I CERTIFY THAT I HAVE ANSWERED ALL THE QUESTIONS ON THIS APPLICATION ACCURATELY AND TO THE BEST OF MY KNOWLEDGE. I HAVE NOT WITHHELD ANY INFORMATION WHICH WOULD CAUSE THE INFORMATION GIVEN ABOVE TO BE MISLEADING. IN THE EVENT OF MY EMPLOYMENT AS A RESULT, IN FULL OR IN PART, FROM THE INFORMATION CONTAINED ON THIS APPLICATION, I UNDERSTAND THAT ANY INACCURATE OR MISLEADING INFORMATION IS GROUNDS FOR IMMEDIATE TERMINATION OF EMPLOYMENT.

Signature of Applicant

Date