



Last Name	Middle Name	First Name	Other Last Names	Social Security

Address	City	State	Zip Code

Phone Number	Alternate Number	Work Number	Email Address

Are you at least 18 years of age?

Are you a US Citizen? Yes ☐ No ☐

If no, what kind of Visa do you have?

Have you ever been convicted of a criminal offense? Yes ☐ No ☐

If yes, please explain

Have you ever been discharged or asked to resign by a former employer? Yes ☐ No ☐

If yes, please explain

Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Weekends
Mornings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Afternoons	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Evenings	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number of hours per week:

Do you have a driver's license? Yes ☐ No ☐ Do you have dependable transportation? Yes ☐ No ☐

Can you provide proof of current auto insurance? Yes ☐ No ☐

Education:

High School	Address	Did you graduate?	Degree
College	Address	Did you graduate?	Degree
Other (Grad School etc)	Address	Did you graduate?	Degree

Additional Degrees, licenses, or certifications

Are you fluent in any other languages other than English?

Additional skills, training or experience that makes you particularly suited to work for The CareGiver's Choice?

Experience: Please list your employment, starting with the most recent.

Employer	Address	Dates of Employment

Job Title	Position/Duties	Supervisor/Phone number

Reason for leaving

--

Employer	Address	Dates of Employment

Job Title	Position/Duties	Supervisor/Phone number

Reason for leaving

--

Employer	Address	Dates of Employment

Job Title	Position/Duties	Supervisor/Phone number

--

Business References:

Name	Business/Position	Years Known	Phone Number

Personal References:

Name	Business	Relationship/Years Known	Phone Number

In case of an emergency, who may we contact?

Name	Phone Number	Relationship

Read carefully before signing:

I certify that the information in this application is true to the best of my knowledge and the falsification or misrepresentation of any information is grounds for the rejection of an application or immediate termination during employment.

I authorize The CareGiver's Choice, Inc. to verify any information including, but not limited to, contacting my current or previous employers to obtain references, verifying Background History and obtaining Motor Vehicle Driving Records. I release all persons providing such information from any liability for damages that may result from furnishing such information. I agree to conform to the rules and regulations set forth by The CareGiver's Choice, Inc. and my service and compensation can be terminated, at anytime, at the option of The CareGiver's Choice, Inc. or myself.

Signature_____

Date_____