



# CAREGIVER EMPLOYMENT APPLICATION

*Care Done Right, LLC is An Equal Opportunity Employer*

## Personal Information

### Name \*

First Name

Middle Initial

Last Name

### Address \*

Street Address

Street Address Line 2

City

State

Zip Code

### E-mail \*

example@example.com

### Phone \*

### Gender \*

Male

Female

**Are you authorized to work in the U.S? \***

Yes

No

**Are you above 21 years of age? \***

Yes

No

**Languages spoken**

**Emergency contact \***

List names and phone numbers of all emergency contacts

## Education

**Highest Educational Degree/Diploma \***

Enter your degree or diploma earned

**License**

Select a valid license

**Certificate**

CPR

RA

CSP

CNA

**Certificate #**

## CNA/CPR and First Aid Expiration Date

Month   Day   Year

**If you are not CPR and First Aid Certified:**

## Skills/Qualifications

**Experienced with (check all that applies): \***

Personal Care

Dementia Care

Respite and Palliative Care

Personal Hygiene Care

Transportation

Other

Allergies Care

Hospice and End of Life Care

Special Needs

Parkinson's Care

Alzheimer's Care

**What skills and experience do you have that are useful for a Caregiver? \***

**Tell us about yourself, why you chose this profession, and why you would be an excellent Caregiver? \***

## Availability for work

**Position Interest (check all that apply): \***

Full Time  
Temporary

Part Time  
On Call

**Type of Position applying for \***

Caregiver

Other

**Date you can start? \***

Month Day Year

**Expected Salary/Hourly rate \***

**What is your available during the week?**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

6a-9a

9a-12p

12p-3p

3p-6p

6p-9p

9p-midnight

Overnight

Live-in

**Are you able to work with clients with the following: \***

Cats  
Smokers

Dogs  
None of the above

**Transportation**

**Do you have a reliable transportation? \***

Yes

No

**Driver's License #**

**State Issued**

**Expiration Date**

Month   Day   Year

**Are you willing to assist client in all transportation needs? \***

Yes

No

**Distance willing to travel? \***

## Abuse Investigation

**Have you ever been investigated for abuse, neglect or domestic violence? \***

Yes

No

**If you answered yes, please explain below**

## Work History

**Current employer \***

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Phone \*****Supervisor's Name \*****Position Held \*****Start Date**

Month Day Year

**End Date**

Month Day Year

**Reason for Leaving \*****May we contact this employer for a reference? \***

Yes

No

## Employer 2 \*

### Address \*

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

### Phone \*

### Supervisor's Name \*

### Position Held \*

### Start Date

Month Day Year

### End Date

Month Day Year

### Reason for Leaving \*

### May we contact this employer for a reference? \*

Yes

No

## Employer 3 \*

**Address \***

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Phone \*****Supervisor's Name \*****Position Held \*****Start Date**

Month   Day   Year

**End Date**

Month   Day   Year

**Reason for Leaving \*****May we contact this employer for a reference? \***

Yes

No

**References**



### Work Reference 1 \*

Name of Reference

### Work Reference 1 \*

Reference Position

### Phone Number \*

Area Code

Phone Number

---

### Work Reference 2 \*

Name of Reference

### Work Reference 2 \*

Reference Position

### Phone Number \*

Area Code

Phone Number

---

### Work Reference 3 \*

Name of Reference

### Work Reference 3 \*

Reference Position

### Phone Number \*

Area Code

---

**Personal reference \***

Name of Reference

**Phone Number \***

Area Code

Phone Number

**Submit Application:**

By clicking the submit button below, I authorize former employers, references and any other individual/organizations to provide information to Care Done Right, LLC and I hereby release and discharge any of the above and release Care Done Right, LLC from any liability of any kind or nature. I also understand that it is my responsibility to keep such information current and accurate by updating it as often as necessary.

I agree to a criminal background check, fingerprint, physical examination if requested, and understand that failure to meet any medical and/or health requirements for the position may prevent my employment with Care Done Right, LLC.

I further understand that, if hired, I may be required to provide proof that I am a citizen of the United States or currently authorized to work in the United States.

In consideration of my employment, I agree to conform to the hired company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, by either me or the company's option.

**"I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that if I knowingly make any misstatements of fact, I am subject to disqualification, dismissal, or other action pursuant to employment agency policy and procedure, and subject to criminal penalties as prescribed by law."**

**Print full name \***

**Date \***

Month   Day   Year

## Tags

```
{"todo":{"key":"todo","value":"Todo","color":"#FED3DB"},"inprogress":{"key":"inprogress","value":"In Progress","color":"#FBEBB5"},"done":{"key":"done","value":"Done","color":"#D3FED4"}}
```