

# Caregiver Application Form



AGELESS CARE SOLUTIONS, LLC  
SENIOR INDEPENDENCE SIMPLIFIED

www.agelesscares.com  
info@agelesscares.com

Date: \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_

Email: \_\_\_\_\_ SNN/SIN#: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work Permit: \_\_\_\_\_

Position you are applying for: \_\_\_\_\_

Do you have a First Aid/CPR Certificate?  Yes  No  
[if Yes, Please attach a copy of certificate to application]

Certification Registration: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Desired Wage Amount: \_\_\_\_\_ \$  Hourly  Weekly  Monthly  Salary

How many hours an you work weekly?  4-16  16-26  26-40

Can you work nights?  YES  NO

Can you work on weekends?  YES  NO

Can you work on holidays?  YES  NO

Type of employment desired?

Full-Time Live out  Part-Time Live out  Live-in Full Time  Live-out Part Time

What date are you available to start work? \_\_\_\_\_  
(MM/DD/YYYY)

NOTES:

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## JOB 1

Name of Business/Employer: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Employment Date: Start: \_\_\_\_\_ End \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Position in Company: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can a representative from our company contact your most recent employer?  YES  NO

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## JOB 2

Name of Business/Employer: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Employment Date: Start: \_\_\_\_\_ End \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Position in Company: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can a representative from our company contact your most recent employer?  YES  NO

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## JOB 3

Name of Business/Employer: \_\_\_\_\_ Job Title/Position: \_\_\_\_\_

Employment Date: Start: \_\_\_\_\_ End \_\_\_\_\_  
(MM/YYYY) (MM/YYYY)

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Location: \_\_\_\_\_

Person to contact: \_\_\_\_\_ Position in Company: \_\_\_\_\_

Reason for leaving company: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can a representative from our company contact your most recent employer?  YES  NO

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Do you currently hold a driver's license?  YES  NO

Whats your current mode of transportation?

Driver's License #:

Location where the license was issued:

License Expiration Date (MM/DD/YYYY):

Would you be willing to provide a driving record?

Any driving accidents in the past three years?  YES  NO  How many?\_\_\_\_\_

if yes, please explain:

Any driving violations in the past three years?  YES  NO  How many?\_\_\_\_\_

if yes, please explain:

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Check the technology devices that you use:  Mobile Phone  Tablet  
 Computer

Do you have a data plan on your mobile device?  YES  NO

Will you be willing to fill out a caregiver daily checklist after each visit?  YES  NO

Additional Notes:

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### Reference 1

Name: \_\_\_\_\_ Connection: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have they been notified that they are a reference?  YES  NO

### Reference 2

Name: \_\_\_\_\_ Connection: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have they been notified that they are a reference?  YES  NO

### Reference 3

Name: \_\_\_\_\_ Connection: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Have they been notified that they are a reference?  YES  NO

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Level of Education	Name of School	Program	Completed
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO
			<input type="radio"/> YES <input type="radio"/> NO

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List Below	Date (MM/DD/YYYY)

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Have you ever been charged with a criminal offense?    YES.    NO  
 if so, please explain:

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**PLEASE READ CAREFULLY**

I authorize investigation of all statements contained in this application. I understand that I misrepresentation or omission of facts called for is cause for dismissal at any time without e previous notice. I hereby give the employer permission to contact schools, previous employ (unless otherwise indicated), and references.

This is an equal employment opportunity employer. We adhere to a policy of making employm decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenst or age. We assure you that your opportunity for this employment position depends solely on y qualifications.

**SIGNATURE OF APPLICANT**

Full Name of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this application form and for your interest in our company

**OFFICE USE ONLY:**

\_\_\_\_\_  
Full Name of authorized personnel

\_\_\_\_\_  
Signature of authorized personnel

\_\_\_\_\_  
Position title of authorized personnel

\_\_\_\_\_  
Date: (mm/dd/yyyy)

Additional Employer Notes: