Prestige Private Care

Caregiver Employment Application

Instructions: Ensure each section is complete in its entirety. **Note**: Applicants may be subject to a drug test.

Personal Information

Date:				
Name:	**Last:**	**First:**	**Middle:**	
Present Address:	**Street:**	**City:**	**State:**	**Zip:**
Home Phone: ( ) -		**Cell Phone**: ( ) -		
Salary Range Desired:				

Please indicate the days and times you are available to work:

☐ **Anytime**

Mon:		**Fri:**	
From	**To**	**From**	**To**
Tue:		**Sat:**	
From	**To**	**From**	**To**
Wed:		**Sun:**	
From	**To**	**From**	**To**
Thu:			
From	**To**		

How many hours can you work weekly?	**Are you available to work nights?** **Yes** ☐ **Some** ☐ **None** ☐
Are you available to work weekends? **Yes** ☐ **Some** ☐ **None** ☐	**Would you consider live-in?** **Yes** ☐ **No** ☐
Employment Desired: PART-TIME ONLY ☐ **FULL-OR PART-TIME** ☐ **FULL-TIME ONLY** ☐	
Are you legally authorized to work in the US? **Yes** ☐ **No** ☐	**When are you available to start work?**
How did you hear about us?	**Email Address:**

Caregiver Employment Application

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				
Certification				
Other				

Have you ever been convicted of a crime?
Yes ☐
No ☐

If yes, please thoroughly explain the conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation (Note: A conviction will not necessarily result in the denial of employment):

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

If Yes, what was it and what was the reason?

Do you have any relatives or friends that work for the Agency?
Yes ☐
No ☐

If Yes, what is their name?

In Case of Emergency, Please Contact:
Name: **Relation:**

Phone: **Email:**

Caregiver Employment Application

Driving Information

Do you have a driver's license? Yes ☐ No ☐
Do you have active auto insurance? Yes ☐ No ☐

Do you own a vehicle? Yes ☐ No ☐ If No, please detail how you will get to work.

Driver's License No.: State of Issue: Expiration Date:

Have you had any accidents during the past three years? Yes ☐ No ☐ How many?
Have you had any moving violations during the past three years? Yes ☐ No ☐ How many?

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:
( ) -

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children, or friends. Use additional sheets, if necessary.

Why do you enjoy caregiving?

Briefly describe some of your volunteer work:

Caregiver Employment Application

Work Experience

Instructions: 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.

1. Name and Address of Employer:	Name of Last Supervisor:	Employment Dates:	Pay/Salary:
		From: To:	From: To:
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? Yes ☐ No ☐ If No, Please Explain Why and Please Provide Us With Another Work Reference:			
2. Name and Address of Employer:	**Name of Last Supervisor:**	**Employment Dates:**	**Pay/Salary:**
		From: To:	From: To:
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? Yes ☐ No ☐ If No, Please Explain Why and Please Provide Us With Another Work Reference:			

Caregiver Employment Application

Skill Information

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 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Meal Preparation** 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Light Housekeeping** 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Bathing/Showering** 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Dressing/Grooming** 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Transferring** 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Incontinence Care** 1 ☐ 2 ☐ 3 ☐ 4 ☐ **Dementia/Alzheimer's Care** 1 ☐ 2 ☐ 3 ☐ 4 ☐
Comments

Caregiver Employment Application

APPLICATION FORM WAIVER
Please Read Carefully

In exchange for the consideration of my job application by Prestige Private Care, 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 Prestige Private Care practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee, 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 Prestige Private Care. Both the undersigned and agency may end the employment relationship at any time, without specified notice or reason. If employed, I understand that Prestige Private Care may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I also understand that (1) Prestige Private Care 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, Prestige Private Care 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, Prestige Private Care 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 Prestige Private Care shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with Prestige Private Care 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 Prestige Private Care permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Prestige Private Care from any liability as a result of such contract.

Signature of Applicant:_____ Date: _____ Printed Name:

Prestige Private Care 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 agency.