Caregiver Application Form

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| Date:  |  |
| First Name: |  | Last Name: |  |
| Full Address: |
| Email: |  | SSN/SIN # |  |
| Phone: |  |
| Position you are applying for: |  |
| Do you have a First Aid/CPR certificate? [If YES, please attach copy of certificate to application] | [ ] YES [ ] NO |
| Certification Registration # |  | Expiry Date [MM/YYYY] |  |
| **AVAILABILITY** |
| [ ]  Monday [ ]  Tuesday [ ]  Wednesday [ ]  Thursday [ ]  Friday [ ]  Saturday [ ]  Sunday |
| Desired wage amount: | $ | [ ] Hourly [ ] Weekly [ ] Monthly [ ] Salary |
| How many hours can you work weekly?[ ] 4-16 [ ] 16-26 [ ] 26-40 | Can you work nights? | [ ] YES [ ] NO |
| Can you work weekends? | [ ] YES [ ] NO |
| Can you work holidays? | [ ] YES [ ] NO |
| Type of employment desired:[ ] FULL-TIME [ ] PART-TIME [ ]  LIVE IN FULL TIME [ ]  ON CALL/PRN |
| What date are you available to start work? [MM/DD/YYYY]:  |  |
| NOTES: |

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| **WORK EXPERIENCE** |
| **JOB 1** |
| Name of Business/Employer: |  | Job Title/Position: |  |
| Employment Dates: | Start [MM/YY] |  | End [MM/YY] |  |
| Phone/Email: |  | Location: |  |
| Person to Contact |  | Position in Company |  |
| Reason for Leaving Company: |
| Cana representative from our company contact your most recent employer? | [ ] YES [ ] NO |

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| **WORK EXPERIENCE** |
| **JOB 2** |
| Name of Business/Employer: |  | Job Title/Position: |  |
| Employment Dates: | Start [MM/YY] |  | End [MM/YY] |  |
| Phone/Email: |  | Location: |  |
| Person to Contact |  | Position in Company |  |
| Reason for Leaving Company: |
| Cana representative from our company contact this previous employer? | [ ] YES [ ] NO |

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| **WORK EXPERIENCE** |
| **JOB 3** |
| Name of Business/Employer: |  | Job Title/Position: |  |
| Employment Dates: | Start [MM/YY] |  | End [MM/YY] |  |
| Phone/Email: |  | Location: |  |
| Person to Contact |  | Position in Company |  |
| Reason for Leaving Company: |
| Cana representative from our company contact this previous employer? | [ ] YES [ ] NO |
| **TRANSPORTATION** |
| Do you currently hold a driver’s licence? | [ ] YES [ ] NO |
| What is your current mode of transportation? |  |
| Driver’s License Number# |  |
| Location where the licence was issued |  |
| Licence Expiration Date [MM/DD/YY] |  |
| Would you be willing to provide a driving record? | [ ] YES [ ] NO |
| Any driving accidents in the past three years? | [ ] YES [ ] NO | How many? |  |
| If yes, please explain: |
| Any driving violations in the past three 3 yrs.? | [ ] YES [ ] NO | How many? |  |
| If yes, please explain: |

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| **COMMUNICATION** |
| Check the technology devices that you use: | [ ] Cell [ ] Computer [ ] Tablet |
| 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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| **PERSONAL REFERENCE CONTACTS (Excluding family members)** |
| 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 2 |
| Name: |  | Connection: |  |
| Phone: |  | Email: |  |
| Have they been notified that they are a reference? | [ ] YES [ ] NO |

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| **EDUCATION INFORMATION** |
| LEVEL OF EDUCATION | NAME OF SCHOOL | PROGRAM | COMPLETED |
|  |  |  | ☐YES ☐NO |
|  |  |  | ☐YES ☐NO |
|  |  |  | ☐YES ☐NO |
|  |  |  | ☐YES ☐NO |
|  |  |  | ☐YES ☐NO |
|  |  |  | ☐YES ☐NO |
|  |  |  | ☐YES ☐NO |
|  |  |  | ☐YES ☐NO |

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| **RECOGNITION(S) OR ACCOMPLISHMENT(S)** |
| LIST BELOW | DATE [MM/DD/YY] |
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| **CRIMINAL BACKGROUND** |
| Have you ever been charged with a criminal offence? | [ ] 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 the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the employer permission to contact schools, previous employers (unless otherwise indicated), and references.This 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, or age. We assure you that your opportunity for this employment position depends solely on your qualifications. |
| **Signature of Applicant** | **X** |
| Full Name of Applicant |  | DATE |  |
| Thank you for completing this application form and for your interest in our company |

**Office Use Only:**

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| --- | --- | --- |
|  |  | **X** |
| **Full name of authorized personnel** |  | **Signature of authorized personnel** |
|  |  |  |
| **Position title of authorized personnel** |  | **Date [MM/DD/YYYY]** |
| **ADDITIONAL EMPLOYER NOTES:** |