

Application for Employment

Date: ____/____/____

Name: _____
Legal first name middle last

Home phone: _____ Cell phone: _____

Emergency phone: _____

Address: _____

How long at this address? Years ____ Months ____

Email: _____

Male ____ Female ____ Are you over 18? ____

Driver's License # _____ State: _____

How did you hear of us? _____

WORK AVAILABILITY: Home care is a 24 hour a day, 7 day a week business. We are seeking caregivers who are available days, nights, and weekends. Please detail your availability below.

Sunday _____

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

On call/respice _____

LOCATION AVAILABILITY: I will work in (circle): Oakland/Sutherlin Roseburg Winston Myrtle Creek Canyonville Glendale Within ____ miles of home

PRACTICAL EXPERIENCE: In order to place caregivers accurately where they may provide SAFE care, our agency must clearly understand caregiver qualifications. Please read and HONESTLY assess your experience below.

CARE TASK	NO EXP/SKILL	SOME SKILL	EXCELLENT
BATHING	—	—	—
GROOMING	—	—	—
TOILETING	—	—	—
CATHETER CARE	—	—	—
COLOSTOMY CARE	—	—	—
GAIT BELT	—	—	—
REPOSITIONING	—	—	—
HOYER	—	—	—
OXYGEN	—	—	—
SPOON FEEDING	—	—	—
COOKING	—	—	—
SHOPPING	—	—	—
MEDICATION MGMT	—	—	—
INSULIN	—	—	—
HOUSEKEEPING	—	—	—

Do you have any other skills that may be useful to the job?

Circle any job related certifications and provide a copy:

CNA RN LPN CPR FIRST AID FOOD HANDLERS OTHER _____

Can you lift 25 pounds? _____

Can you furnish proof that you are either a U.S. Citizen or legally permitted to work in the United States? _____

Do you have a VALID Oregon driver's license? _____

Do you have CURRENT proof of automobile insurance? _____

If you do NOT drive, how will you get to work? _____

WORK HISTORY - LIST CURRENT OR MOST RECENT EMPLOYER FIRST

Employer: _____

Address: _____

Contact person: _____ Phone: _____

dates employed from: _____ to: _____

Job title / duties: _____

reason for leaving: _____

Employer: _____

Address: _____

Contact person: _____ Phone: _____

dates employed from: _____ to: _____

Job title / duties: _____

reason for leaving: _____

Employer: _____

Address: _____

Contact person: _____ Phone: _____

dates employed from: _____ to: _____

Job title / duties: _____

reason for leaving: _____

Employer: _____

Address: _____

Contact person: _____ Phone: _____

dates employed from: _____ to: _____

Job title / duties: _____

reason for leaving: _____

Any private or family caregiving in addition to above? _____
