



**EMPLOYMENT APPLICATION to work at Caregivers Today, LLC.**

Date: \_\_\_\_\_

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

(Last) (First) (Middle)

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security # \_\_\_\_\_

**I would like a job as a full time Live-In Companion: Yes - No**

Circle days available: M T W TH F SA SU

Please list hrs. available (am or pm) Mon-Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**I would like a job as a full time Live-Out Companion: Yes - No**

Circle days available: M T W TH F SA SU

Please list hrs. available (am or pm) Mon-Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**I would like to work part-time as a Companion or Home Helper: Yes- No**

Circle days available: M T W TH F SA SU

Please list hrs. available (am or pm) Mon-Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**I would like to be an On-Call Companion: Yes- No**

How did you hear of us? \_\_\_\_\_

Do you have a valid driver's license? Yes - No

If Yes, from what State: \_\_\_\_\_ License number: \_\_\_\_\_

Are you willing to work in Iowa? Yes- No Illinois? Yes- No Both? Yes- No

Are you 18 years of age or older? Yes- No

**APPLICANT PROFILE**

Explain why you enjoy this type of work:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills that you can apply to this position?

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Have you ever worked with or spent time with a person who suffers from dementia?

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Would working with a client who has dementia make you uncomfortable? Yes- No Explain.

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Are you a team player? Are you willing to work happily and constructively with other caregivers who share time with your client? \_\_\_\_\_

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Are you willing to transport a client (who is able) to doctor's appointments, senior functions, or other places of interest to the client? Yes-No Have you transported clients before? Explain:

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Are you willing to take care of a client's pet? This would not include removing waste from the area where the pet relieves itself, but you would be responsible for cleaning up any accidents within the home. Yes- No \_\_\_\_\_

Have you ever cared for a client who owns a pet before? Yes- No \_\_\_\_\_

## **EDUCATION**

High School Name: \_\_\_\_\_

State or Country: \_\_\_\_\_

Graduate: Yes - No

College Name: \_\_\_\_\_

State or Country: \_\_\_\_\_

Graduate: Yes – No

Type of Degree: \_\_\_\_\_

**PERSONAL REFERENCES**

Give the names of three persons (you have not worked with, and are **not related** to you).

Name	Telephone Number	Occupation

List all present and past employment beginning with your most recent. FOR ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF THREE MONTHS, PLEASE GIVE AN EXPLANATION.

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

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

\_\_\_\_\_

Type of work you performed: \_\_\_\_\_

\_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

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

\_\_\_\_\_

Type of work you performed: \_\_\_\_\_

\_\_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

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

\_\_\_\_\_

Type of work you performed: \_\_\_\_\_

\_\_\_\_\_

Expected Hourly Wage: \_\_\_\_\_

I \_\_\_\_\_, HEREBY AUTHORIZE CAREGIVERS TODAY, LLC. TO REQUEST AND RECEIVE FROM ALL PRIOR EMPLOYERS WITHIN ONE YEAR OF THE DATE OF THIS APPLICATION, ANY AND ALL PERTINENT INFORMATION CONCERNING MY PRIOR EMPLOYMENT AND ITS TERMINATION, INCLUDING THE REASONS FOR SUCH TERMINATIONS. I hereby state that all of the foregoing information I have supplied in this application is a true and complete statement of the facts. False statements contained in this application are immediate cause for dismissal from registrant caregiver status. I further give my permission for this agency to verify all schooling and references.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant