

DIAMOND CREEK
In Home Care

APPLICATION FOR EMPLOYMENT

Date: _____

Name: _____
(Last) (First) (Middle)

Address: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____

Are you 18 years of age or older? _____ Date of birth: _____

Are you legally eligible to work in the United States? _____

I would like a job as a full-time 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 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 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 to be an On-Call Companion: Yes No

How did you hear about our agency? _____

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

If Yes, from what State: _____ License number: _____

Do you have any driving/vehicle violations? Yes No Explain: _____

Have you ever been convicted of a crime? Yes No Explain: _____

Please circle the counties in which you are willing to work:

Other: _____

Expected Hourly Wage: _____

Explain why you enjoy this type of work:

Please check any skills/certifications that you possess or have experience with:

- CPR
- First Aid
- CNA/SRNA
- Bathing Assistance
- Recreation/Social Activities
- Stroke/Aphasia Clients
- Medication Reminders
- Transfer Assistance
- Walking Assistance
- Transportation
- Meal Preparation
- Hearing Loss
- Housekeeping/Cleaning
- Assist to Bathroom
- Grooming Assistance
- Errand Services
- Dementia/Alzheimer's
- Pet Care

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

Have you ever worked with or spent time with a person who suffers from Dementia/Alzheimer's Disease? _____

Would working with a client who has dementia make you uncomfortable? Explain: _____

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

Are you willing to transport a client (who is able) to doctor's appointments, senior functions, or other places of interest to the client? _____

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.

EDUCATION

High School Name: _____ City/State: _____

Dates Attended: _____ Graduate: Yes No

College/School Name: _____ City/State: _____

Dates Attended: _____ Graduate: Yes No

Type of Degree/Certification: _____

PERSONAL REFERENCES

Please give the names of three persons (you have not worked with, and are **not related** to you) and have known longer than one year.

Name	Telephone Number	Occupation	Years Known

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: _____
Contact Person: _____
Reason for leaving: _____
Type of work you performed: _____

From: _____ To: _____ Job Title: _____
Name of Employer: _____
Address of Employer: _____
Contact Person: _____
Reason for leaving: _____
Type of work you performed: _____

From: _____ To: _____ Job Title: _____
Name of Employer: _____
Address of Employer: _____
Contact Person: _____
Reason for leaving: _____
Type of work you performed: _____

Please provide any information that would be helpful in considering your application for employment with Diamond Creek In Home Care: _____

I _____, HEREBY AUTHORIZE DIAMOND CREEK IN HOME CARE 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 also understand that I will be subject to a criminal background check, motor vehicle check as well as drug/substance abuse testing as a prerequisite for employment with Diamond Creek In Home Care.

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 _____