



Caregiver Employment Application

INSTRUCTIONS: Complete all questions. Print all information requested except signature. Fax completed application to 478-508-8313. Or email to affinitycare1@yahoo.com. Note: Applicants may be tested for illegal drugs.

Personal Information				Date:	
Name:		Last:	First:	Middle:	
Present Address:	Street:	City:		State:	Zip:
How long at this address?:					
Home Phone: () -		Business Phone: () -		Cell Phone: () -	
Please list age (if under 18):		Please indicate the days and times you are available to work:			
Position applied for:		<input type="checkbox"/> Anytime			
Have you ever applied here before: Yes _____ No _____		Mon – From: To:	Fri – From: To:	Thr – From: To:	
Salary range desired:		Tue – From: To:	Sat – From: To:	Sun – From: To:	
Wed – From: To:					
How many hours can you work weekly?			Are you available to work nights? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None		
Are you available to work weekends? <input type="checkbox"/> Yes <input type="checkbox"/> Some <input type="checkbox"/> None			Would you consider live-in? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employment desired: <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME <input type="checkbox"/> FULL-TIME ONLY					
Are you legally authorized to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No			When are you available to start work?:		
Where did you hear about us?			Email address:		

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				

Have you ever been convicted of a crime? Yes No

If yes, explain number of 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 (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 Company? Yes No

If YES, what is their name?

In Case of Emergency, Please Contact:

Name:
Home Phone:

Relation:
Business Phone:





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Driving Information

Do you have a driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have active auto insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a car?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If NO, How would you get to work?		
Driver's License No.:	State of Issue:		Expiration Date:		
Have you had any accidents during the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How many?	_____	
Have you had any moving violations during the past three years?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	How Many?	_____	

Personal Reference Information

List two personal references. **DO NOT LIST relatives or previous supervisors.**

Name: _____	Name: _____
<input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher <input type="checkbox"/> Pastor <input type="checkbox"/> Current Client <input type="checkbox"/> Former Client	<input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher <input type="checkbox"/> Pastor <input type="checkbox"/> Current Client <input type="checkbox"/> Former Client
Company: _____	Company: _____
Address: _____ _____	Address: _____ _____
Telephone where person can be reached 9a – 5p (____) _____	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?

Describe some of your volunteer work:

Please check any Degree(s) / Certification(s) you currently possess:

- | | | |
|----------------------------------------------------------|------------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> B.A./ B.S. Major: _____ | <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Home Health Aide |
| <input type="checkbox"/> Graduate Degree (M.A./M.S./PhD) | <input type="checkbox"/> Certified Medicine Aide | <input type="checkbox"/> CPR certification |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Medication Technician | <input type="checkbox"/> First Aid Certification |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> RN | <input type="checkbox"/> LPN |



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Work Experience

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 or salary:
			From:	Start:
			To:	Final:
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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 or salary:
			From:	Start:
			To:	Final:
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? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If NO, Please Explain Why and Please Provide Us With Another Work Reference:				
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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Meal Preparation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Light Housekeeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bathing / Showering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Dressing / Grooming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Transferring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Incontinence Care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Dementia / Alzheimer's Care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Comments				



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PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

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

I also understand that (1) Affinity Care Solutions LLC 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, Affinity Care Solutions LLC 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, Affinity Care Solutions LLC 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 Affinity Care Solutions LLC shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relationship with Affinity Care Solutions LLC 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 Affinity Care Solutions LLC permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release Affinity Care Solutions LLC from any liability as a result of such contract.

Signature of applicant: _____ Date: _____

Printed name: _____

Affinity Care Solutions LLC 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 business.
Please return this application to our office at your earliest convenience.



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Macon, GA 31201
478-508-8313 Phone
info@myaffinitycare.com
www.myaffinitycare.com

