



Professional Caregiver Application

Date of Application _____

APPLICANT INFORMATION

Full Name _____

Address with ZIP code _____

Mobile Phone _____ Alternative Phone _____

Email _____

Date of Birth _____ Social Security Number _____

Driver's License Number _____ State _____

Gender Female Male Other

Bilingual (CHC caregivers must be fluent in English) Spanish Other

Veteran Yes No

Ethnicity

Caucasian

Hispanic

Native American

African American

Asian

Other

Prefer not to state

EMERGENCY CONTACT

Name _____

Relationship _____

Phone numbers _____



EXPERIENCE, SKILLS AND EMPLOYMENT HISTORY

Are you credentialed in a health-related profession? (Doctor, RN, CNA, other?)

Yes No Credential _____

Current and Previous Employment

List names of employers, duties at your **last two jobs** and dates of employment.

Current/Most Recent _____

Previous _____

Please attach/provide your resume for further job history.

Please provide two professional references: name, relationship, phone number.

What caregiving services are you able to offer? (Please check all that apply)

Companionship

Errands

Grocery Shopping

Meal Prep

Light housework

Laundry

Driving to Appointments

Transfers (training provided)

Bed Care

Showering

Toileting

Overnight Care

Dementia Care

In-hospital Care

Hospice/End-of-Life Care

Working with children



What skills or personal interests do you have that may be of interest to clients of CHC?

What kinds of volunteer experience have you had apart from caregiving?

What personal qualities do you bring to the CHC caregiving experience?

Do you have any health issues that may limit your service as a caregiver?

Yes No

Are you a smoker? Yes No

Can you work for a smoker? Yes No

What is your availability?

- 4-8 hour shift, 2 days per week
- 4-8 hour shift, 3-4 days per week
- Available 5 days a week
- Other – describe

VOLUNTEERING

CHC asks all of our paid caregivers to give back with 4-6 hours of volunteer caregiving per month. This helps CHC reach those in great need with few resources. Can you make that commitment?

Yes No



BACKGROUND VERIFICATION

Do not report any conviction which state law allows you to lawfully deny, as forth in the state notice that you must review answering. You are not required to disclose minor violations or infractions. A conviction will not necessarily be a bar to employment. This information will be used to determine if the conviction is related to the job sought. Factors such as age, severity and nature of the offenses(s) etc. will be considered. Failure to honestly respond may result in discontinued consideration or termination of employment. You will confirm that you have read the state notices and confirm that the information you provide is true and accurate,

Have you ever been convicted of, plead guilty, no contest or nolo contendere to a misdemeanor or felony?

Yes No

If you answer yes, provide details:

Offense _____ State _____ County _____ Date _____

Offense _____ State _____ County _____ Date _____

Offense _____ State _____ County _____ Date _____

Have you ever worked under another name? Yes No

If yes, provide names:

CHC will run a background check on all caregiver applicants. The total cost is \$42 of which CHC pays \$21 and asks the applicant to pay \$21. Placement is dependent on results of background check report and any other discussions with applicants that arise as a result of the report.

I agree to CHC checking my references and conducting a background check.

Yes No

SIGNATURE

I have read and understand the above information and assert that all information provided by is true and accurate.

Signature _____ Date _____

