

## **CAREGIVER APPLICATION**

Please PRINT clearly				Date: / /
GENERAL INFO				
Name:			Date of Birth:	Sex: <i>M/F</i>
Address:			City/State/Zip:	
			Email:	
Nationality:		ages do you speak?		
Driver License #:	_	a vehicle? Y/N		
Social Security #:				
Are you a US Citizen? Y/N	If no, do yo	ou have a Work Per	mit? Y/N	Or a Green Card? Y/N
Have you ever been convicted of a crime (excluding minor traffic violations) Y/N If yes, explain below:				
How did you find us? Advertisement Friend/relative One of our caregivers (Name):				
Other (Specify)		<del></del>	· <u> </u>	
EDUCATION				
University/College Courses/Diploma/Degree				Date Completed
- C C	,,	-8		/ /
WORK EXPEDIENCE				
WORK EXPERIENCE Name of Employer		Valid Phone/Fax	v #	Date Completed
		-		-
1.				
2. 3.				
CHARACTER REFERENCES (No family)			II #	Dalatia vahin ta way
Name		Valid phone/cel	II #	Relationship to you
1.				
2.				
3.				
WORK LIMITATIONS (Explain)				
Physical:	Allergies:		Fear/dislike pets:	
Any other dislikes or things we should know about?				
WORK AVAILABILTY ( ~)				
Mon Tue	Wed	Thu	Fri Sat	Sun
ARE YOU LOOKING FOR:	Live-Ins	Shifts (12 Hrs)	Hourly (4-10 Hrs	
PERSON TO CONTACT (in case of emergency)				
Name		Valid phone/cel	II #	Relationship to you
1				<u> </u>
2				
<b>DECLARATION:</b> I hereby certify that the information I have sui criminal background. I authorize the release of my information				n in regards to my education, work history, and

Signature: \_\_\_\_

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