

Thank you for your interest in a Caring Career with Signature Agency.
To start the employment process, please fill out the enclosed application and either bring it with you to our office or send it via facsimile, email or u.s mail.

Application

Name _____ SSN _____

Maiden Name _____ Married _____ Single _____ Birth Date _____

Address _____

Home Phone _____ Cell _____ Email _____

Highest Level of Schooling Completed _____

Training/Certificates _____

EMPLOYMENT (starting from the most recent one)

1) _____

Phone _____ Can we contact them? _____ Salary _____ Job title _____

Dates worked _____ Reason for leaving _____

2) _____

Phone _____ Can we contact them? _____ Salary _____ Job title _____

Dates worked _____ Reason for leaving _____

3) _____

Phone _____ Can we contact them? _____ Salary _____ Job title _____

Dates worked _____ Reason for leaving _____

Are you a smoker? _____

Do you have any allergies? _____

EMERGENCY CONTACT INFORMATION

Name of the next in kin _____ Relationship _____ Phone _____

Obtaining a position through our company is subject to a Personal Background Check and Drug Test.

Do you agree? _____

I certify that I have answered all the questions on this application truthfully and to the best of my knowledge and I have not withheld any information which would cause the above given information to be misleading.

Signature of Applicant

Date

Non-Medical Caregiver Experience and Skills Checklist

Please check where you had experience, as a non-medical caregiver, assisting Clients with specific conditions:

- _____ Care of Elderly Clients
- _____ Care of Alzheimer's Clients
- _____ Care of Handicapped Clients
- _____ Care of Terminally ill (Hospice Assistance)
- _____ Care of Para-Quadriplegic clients
- _____ Care of Clients with feeding tube
- _____ Care of Clients with Catheter
- _____ Care of Clients with Wheelchair
- _____ Care of Clients using Hoyer lift
- _____ Care of Clients with Oxygen Tubing