




# Care4Life

a member of 

*"Helping the Elderly stay independent in the comfort of their home"*

8630 W. Nevso Dr., Suite #151, Las Vegas, NV 89147

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## APPLICATION FOR EMPLOYMENT

*We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age sex, religion, disability, medical condition, national origin or marital status.*

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN# \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

I am applying for a job as a: \_\_\_\_\_

Have you ever been convicted of felony? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Transportation: \_\_\_\_\_

Many caregiver positions require the caregiver to transport a client.

Do you have dependable transportation? \_\_\_\_\_

Make and Model of Car: \_\_\_\_\_ License Plate # \_\_\_\_\_  
Drivers License # \_\_\_\_\_ Auto Insurance Policy # \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Availability:** \_\_\_\_\_

Number of hours you would like to work: \_\_\_\_\_

Times you are available to work: \_\_\_\_\_

Any times not available to work: \_\_\_\_\_

Can you be called at the last minute in case of an emergency? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**Education:** \_\_\_\_\_

High School: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

College: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_ \_\_\_\_\_

Other: \_\_\_\_\_ City/State : \_\_\_\_\_ Dates: \_\_\_\_\_

Degrees/Certificates: \_\_\_\_\_

Special skills or courses: \_\_\_\_\_

**Experience:** \_\_\_\_\_

Discuss any training or experience working with the elderly: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like most about working with the elderly? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What would you like least about working with the elderly? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Employment History:

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Company: \_\_\_\_\_ From \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Duties : \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone # \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Duties: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone # \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Duties: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone # \_\_\_\_\_

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Job Title: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Duties: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone # \_\_\_\_\_

Company: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Reason Left: \_\_\_\_\_  
Duties: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Phone # \_\_\_\_\_

## Professional References:

Name	Relationship/Years known	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

## Personal References: (NOT RELATIVES)

Name	Relationship/Years known	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**CERTIFICATION AND RELEASE:** I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumers reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**FOR OFFICE USE ONLY-** Interviewer Comments: