



Application Form

Referred
by _____

TODAY's DATE _____ () CNA () Companion () Others
Date Available _____

Weight _____ lbs Height _____

Languages spoken _____

Shift Preferences: Live-in _____ Come&Go _____
Weekdays _____ Weekends _____

Days Shift _____ Nights _____

Others _____

Birthdate _____

Driving _____ Yes _____ No _____

EMAIL _____ Direct deposit? _____ If yes, please provide voided check _____

Name of Applicant _____
Last Name First Name Middle Name

Other Names Used _____

House Tel no _____ Cell No: _____ SSN _____

Present Address _____
No. Street Apt # City State Zip Code

Educational Attainment	Name of School	Courses taken and Date Graduated
High School		
College		
Vocational School		
Training		
Others		

Work Experiences (IMPORTANT to fill out correctly)

Employer's Name	Position/ Pay Rate\$	Address	Telephone	Years Employed/ reason for leaving



Application Form

References (Please give names of 3 persons not related to you)

Name	Contact Number
1. _____	_____
2. _____	_____
3. _____	_____

Have you worked with patients with

- | | | | | |
|-------------------------------------|--------------------------------------|---------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Bedridden | <input type="checkbox"/> Hospice | <input type="checkbox"/> Fractured | <input type="checkbox"/> Stroke | <input type="checkbox"/> Obese |
| <input type="checkbox"/> Alzheimers | <input type="checkbox"/> Parkinson's | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Paraplegic | <input type="checkbox"/> Cerebral Palsy |

Have you worked within

- | | | | |
|---------------------------------------|---|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Private Home | <input type="checkbox"/> Hospice Facility | <input type="checkbox"/> Hospital | <input type="checkbox"/> Nursing Home |
|---------------------------------------|---|-----------------------------------|---------------------------------------|

Skills comfortable with

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> One-man assist transfer | <input type="checkbox"/> Hoyer lift | <input type="checkbox"/> Dressing care | <input type="checkbox"/> Trachea care |
| <input type="checkbox"/> Diaper and peri care | <input type="checkbox"/> Colostomy care | <input type="checkbox"/> Catheter care | |

Assistance comfortable with:

- | | | | |
|--|---------------------------------------|---|----------------------------------|
| <input type="checkbox"/> Driving | <input type="checkbox"/> Cooking | <input type="checkbox"/> Cleaning House | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> companionship | <input type="checkbox"/> conversation | <input type="checkbox"/> Sewing | |

Please answer the following:

1. What would convince us to employ/ hire you as caregiver/ office personnel?
2. "No Show" is one of the challenges we are facing among caregivers. How will you avoid or help us prevent this kind of situation?
3. Have you ever been arrested for violation of law? ____ If yes, please explain.
4. Have you ever been convicted of a crime? ____ If yes, please explain

I hereby certify that the above information are true and correct and that I authorize Amazing Care to verify these information.

Signature of Applicant

Date

Signature of Interviewer

Date



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the release of any employment information from past and/or present employers. I certify that all information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentation are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and my compensation can be terminated, with or without cause, and with or without notice.

Applicant's Signature _____ Date _____

Print Full Name _____

Social Security Number: _____ - _____ - _____