

WORK EXPERIENCE:

Years of professional elder care experience:

Type of experience:

Explain your experience with the following:

Companion Care (shopping, errands, etc.):

Personal Care (bathing, dressing, etc.):

Housekeeping (dusting, vacuuming, etc.):

Cook/Prepare Meals (What foods you can cook):

Do you have Pediatrics Experience? Yes No

WORK PREFERENCES:

Will you accept (check all that apply): FT PT PRN Temporary Days Evenings
Nights Weekends Live-in Assignments

Would you be willing to relocate? Yes No
If so, where?

Are you willing to commit to a one_year employment contract? Yes No

Are you willing to work with children? Yes No

Can you work with clients who smoke? Yes No

Are you willing to work in a home with pets? Yes No
If so, are you willing to help with pet care? Yes No

Are you available for Emergency/short term? Yes No

PROFESSIONAL LICENSE/CERTIFICATION:

CNA/GNA License Number:

State:

Are you experienced working with the following (check all that apply):

Blood Pressure Check Glucose Blood Sugar Check Colostomy Bag Insulin Shots
Feeding Tube First Aid Certified CPR Certified Alzheimer's/Dementia Cancer
Diabetes Hospice

Type: Geriatric Nursing Assistant Certified Medicine Aide HHA Companion

Are you Certified Med. Administrator or Med. Tech? Yes No

EMPLOYMENT HISTORY:

Employer 1 Name:

City: State: Zip:

Position: From: To:

Phone Number:

Starting Salary: Ending Salary:

Describe job responsibility:

Reason for leaving:

May we contact Employer? Yes No

Supervisor Name & Phone:

Employer 2 Name:

City: State: Zip:

Position: From: To:

Phone Number:

Starting Salary: Ending Salary:

Describe job responsibility:

Reason for leaving:

May we contact Employer? Yes No

Supervisor Name & Phone:

Employer 3 Name:

City: State: Zip:

Position: From: To:

Phone Number:

Starting Salary: Ending Salary:

Describe job responsibility:

Reason for leaving:

May we contact Employer? Yes No

Supervisor Name & Phone:

How were you referred to us?

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 consumer-reporting bureaus, to verify any information including, but not limited to, criminal history. 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. **CHECK HERE IF YOU AGREE:**

Typed Signature	Signed Signature	Date:
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For Office Use Only – Interviewer Comments

*Print this form and fax to (301) 490-8668 or mail to: Dubols Home Care
14440 Cherry Lane Court
Suite 205
Laurel, MD 20707

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