

Applicant Information

What Position are you applying for? *

First Name: *

Last Name: *

Address: *

City: * State: * Zip Code: *

Phone: Mobile: * Other: Email Address: *

Driver License Number: Driver License State:

Middle Name: Date of Birth: * SSN: *

Experience

Previous Companion Care Experience:

Organization	Telephone	Contact Person	Dates Worked	May We Contact	Ver
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Professional References (do not include family or friends):

Contact Person *	Telephone *	Position / Title *	Dates Known *	Ver *
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Criminal History

Have you ever been convicted of any felony or misdemeanor offenses? Yes No

If yes, please describe the date and nature of the offense:

Education

Colleges / Universities:

Name	Location	Major	Graduate?	End Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Colleges / Universities:

Name *	Location *	Graduate? *	End Date *
_____	_____	_____	_____

Availability

Are you available for all hours? Yes No

Please tell us what times you are available:

Mon Tue Wed Thu Fri Sat Sun

From

To

Please tell us what times you are unavailable:

Mon Tue Wed Thu Fri Sat Sun

From

To

Availability

Please check any of the following you are willing to work with

Companionship

Hoyer Lift

Incontinence

Transfer Assist

Alzheimer's/Dementia

Females

Cats

Bathing/Dressing

Gait Belt

Driving

Smoking

Males

Dogs

Please check all you have experience with

Hoyer Lift

Incontinence

Alzheimer's/Dementia

Gait Belt

Transfer Assist

Specialized Training

Please list any additional certifications you hold:

Environmental Concerns

Some of our clients have dogs, cats or other pets, or client may smoke. Please check any item below which you cannot or prefer not to tolerate.

I prefer (or cannot) work around

Smoking

Cats

Dogs

Birds

Other environmental concerns you have or comments:

Transportation

Do you have dependable transportation? Is Yes No

Is your vehicle insured? Yes No

Vehicle Year

Vehicle Make

Vehicle Model

Additional Questions

Are you smoker? Yes No

If yes, how many cigarettes per day? _____

How did you hear about us. *

Please tell us about one of your recent Companion Care experiences. *

Why do you want to be Companion Care with us? *

Emergency Contact Information

Emergency Contacts:

Name *	Relationship *	Cell Phone *	Home Phone *
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Certification and Release

I certify the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions, or misrepresentation of facts will result in rejection from this application and/or discharge at any time during employment period. I authorize **Companion Care Solutions of NOVA** to verify any and all information contained within this application, 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 and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.

Agree Yes No

Compete Clause

I agree not to do business directly with any individual or business entity that **Companion Care Solutions of NOVA** introduced to me or by entering into employment with such individuals or businesses.

Agree Yes No