



Application for Employment

Date ___ / ___ / ___

Name _____

Legal First Name

Middle

Last

Home Phone _____ Cell Phone _____

Emergency Contact _____ Emergency Phone _____

Address _____

Mailing Address _____

Email _____

Male ___ Female ___

Are you over 18? _____

How did you hear about us? _____

Work Availability: Home care is a 24 hour a day, 7 day a week business. AHC gives priority to applicants with scheduling flexibility. Please circle your current availability.

<u>SUNDAY</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>
Day	Day	Day	Day	Day	Day	Day
Swing	Swing	Swing	Swing	Swing	Swing	Swing
Noc	Noc	Noc	Noc	Noc	Noc	Noc

Location: I am willing to work _____ miles away from my home.

Office Notes _____



Practical Experience: In order to place caregivers accurately where they may provide safe and quality care, our agency must clearly understand caregiver qualifications. Please read and honestly assess your experience below.

<u>CARE TASK</u>	<u>NONE</u>	<u>SOME SKILL</u>	<u>EXELLENT</u>
SHOWERS	_____	_____	_____
BEDBATHS	_____	_____	_____
INCONTINENCE CARE	_____	_____	_____
BEDPAN	_____	_____	_____
CATHETER CARE	_____	_____	_____
COLOSTOMY CARE	_____	_____	_____
GAIT BELT	_____	_____	_____
OCCUPIED BED CHANGE	_____	_____	_____
TURNING/POSITIONING	_____	_____	_____
HOYER	_____	_____	_____
OXYGEN	_____	_____	_____
SPOON FEEDING	_____	_____	_____
COOKING	_____	_____	_____
SHOPPING	_____	_____	_____
MEDICATION MGMT	_____	_____	_____
INSULIN	_____	_____	_____
HOUSEKEEPING	_____	_____	_____

Circle any job-related certifications and provide a copy:

CNA RN LPN CPR FIRST AID FOOD HANDLERS OTHER _____

Do you have any other skills that may be useful to the position?

Can you lift 25Lbs? _____ Can you lift 50Lbs? _____



Can you provide proof that you are either a U.S Citizen or legally permitted to work in the United States? _____

Do you have a Valid Oregon driver's license? _____

Do you have a proof of current care insurance? _____

If you do not or cannot drive, how are you planning on getting to work for your scheduled shift(s)?

Our policy is to require at least 2 references from previous personal or work to verify caregiving experience. The references cannot be from family members.

Work History: List current or most recent employer first. We must have dates of employment, a contact person and contacts telephone number.

Employer _____

Address _____

Contact Person _____ Contact Phone _____

Dates Employed From _____ To _____

Title/Duties _____

Reason for Leaving _____

Office Notes _____

Employer _____

Address _____

Contact Person _____ Contact Phone _____

Dates Employed From _____ To _____

Title/Duties _____

Reason for Leaving _____

Office Notes _____

Employer _____



Address _____
Contact Person _____ **Contact Phone** _____
Dates Employed From _____ **To** _____
Title/Duties _____
Reason for Leaving _____
Office Notes _____

Employer _____
Address _____
Contact Person _____ **Contact Phone** _____
Dates Employed From _____ **To** _____
Title/Duties _____
Reason for Leaving _____
Office Notes _____

Do you have any private or family caregiving experience in addition to the information listed above? Please list experience and if possible, leave name and telephone number so we can call for a reference. _____

