



## 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 check the boxes to indicate your 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.

<b><u>CARE TASK</u></b>	<b><u>NONE</u></b>	<b><u>SOME SKILL</u></b>	<b><u>EXCELLENT</u></b>
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			

Check 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?

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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)?

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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 \_\_\_\_\_

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Employer \_\_\_\_\_

Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Contact Phone \_\_\_\_\_

Dates Employed From \_\_\_\_\_ To \_\_\_\_\_

Title/Duties \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Office Notes \_\_\_\_\_

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**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.** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_