

# Home Health Caregiver Employment Application

## 1. Personal Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

## 2. Position Information

Position Applied For: \_\_\_\_\_

Date Available to Start: \_\_\_\_\_

Desired Hours: ☐ Full-Time ☐ Part-Time ☐ Live-In

Available Shifts: ☐ Days ☐ Nights ☐ Weekends ☐ Overnight

## 3. Work Eligibility

Are you legally eligible to work in the U.S.? ☐ Yes ☐ No

Do you have a valid driver's license? ☐ Yes ☐ No

State: \_\_\_\_\_ License #: \_\_\_\_\_

## 4. Experience

Do you have prior caregiving experience? ☐ Yes ☐ No

If yes, how many years? \_\_\_\_\_

Describe relevant experience (include clients served, duties, etc.):

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## 5. Certifications (Check all that apply)

☐ CPR ☐ First Aid ☐ CNA ☐ HHA ☐ TB Test (within last 12 months)

☐ Background Check Completed ☐ Other: \_\_\_\_\_

## 6. Education

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High School / GED: \_\_\_\_\_ Year: \_\_\_\_\_

Additional Training / Education: \_\_\_\_\_

## 7. Employment History (Last 2 Jobs)

Employer 1

Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_

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

Contact Info: \_\_\_\_\_

Employer 2

Name: \_\_\_\_\_

Dates Employed: \_\_\_\_\_

Duties: \_\_\_\_\_

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

Contact Info: \_\_\_\_\_

## 8. References (Professional or Personal)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## 9. Applicant Signature

I certify that the above information is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_