



Employment Application

CareGivers does not discriminate on the basis of race, colour, religion, national origin, sex, age or disability. It is our intention that qualified applicants be given equal opportunity and that selection be based on specific essential functions of the position.

Personal Information

Today's Date _____

Name _____

Last

First

Middle

Present Address _____

Street

City

Postcode: _____

State: _____

Phone # _____

Alternate Phone # _____

Email Address # _____

Date and Place of Birth _____

Have you ever been convicted of a crime? Yes / No. If yes, explain

Hobbies _____

Position Desired

Position: Personal Carer / AIN / Domestic Assistant / _____

Date you can start: _____

Are you able to fill positions that are overnight? _____

Education

Secondary _____ Dates _____

Name & Location

Standard Attained

Tertiary _____ Dates _____

Name & Location

Standard Attained

Certificates _____ Dates _____

Name & Location

Standard Attained

Certificates _____ Dates _____

Name & Location

Standard Attained

Physical Record

Do you have any physical limitations which might interfere with your doing the job for which you are applying? Yes / No. If yes, Please explain _____



Have you ever submitted a Workers Compensation Claim? Yes / No. If yes, Please explain

Have you been officially cleared to return to work (please provide documentation) # _____

Some positions may require the employee to be a total non-smoker, Can you fill these positions? _____

In case of an emergency who should we notify: (need at least two contacts that can be reached)

Name _____ Address _____

Phone _____

Name _____ Address _____

Phone _____

Miscellaneous

Do you drive? _____ Driver's License # _____ State _____

Do you have car insurance? _____ With whom _____

CAR: Make _____ Model _____ Year _____

Languages Spoken

Do you speak any languages apart from English? _____

Employment Record

Are you employed now? _____ Can we call current employer? _____

- Name of Employer #1 _____

Phone _____

Address _____ Dates Employed _____

Job Title: _____ Duties _____

Reason for Leaving _____

Supervisor _____

- Name of Employer #2 _____

Phone _____

Address _____ Dates Employed _____

Job Title: _____ Duties _____

Reason for Leaving _____

Supervisor _____



• Name of Employer #3 _____

Phone _____

Address _____ Dates Employed _____

Job Title: _____ Duties _____

Reason for Leaving _____

Supervisor _____

Personal References (Other than relatives)

Name _____ Phone _____

Address _____

Years known _____

Name _____ Phone _____

Address _____

Years known _____

Waiver and Release of Information

I certify, to the best of my knowledge, the facts contained in this application are true and complete. I understand any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that this application does not create a contract of employment nor guarantee employment for any definite period of time. I authorize investigation of all statements contained herein and the reference listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability from any damage that may result from furnishing same to you. **This includes a criminal conviction search.**

Date _____

Signature _____