GUARDIAN ANGELS HOME SERVICES, INC.

1. PERSONAL DATA

Last Name: _____ First Name: _____ MI: _____

Address: _____
(Street) (City) (State) (Zip Code)

SS #: _____ Date: _____ Do you have an answering machine? o
Do you own a pager or a cell phone? o

Home: (_____)_____ (_____)_____ Place of Birth: Date of Birth: _____/_____/_____
(Alternate Number)
Cellular/Pager/ etc.
_____ Height _____ Weight _____

2. AVAILABILITY

Please list availability							
	Sun	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**
Anytime w/notice	o	o	o	o	o	o	o
Live-in only	o	o	o	o	o	o	o
Live-out only	o	o	o	o	o	o	o
Availability							

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

Do you own a vehicle? o Yes o No **Year:** _____ **Make:** _____ **Model:** _____

Drivers License No. _____ **State** _____ **Expiration Date** ___/____/____

3. QUALIFICATION

Qualification		
CNA o	**HHA** o	**SCA** o
Comments:		
Please check any additional skills or experience with the following.		
o Cooking and Meal Preparation	o Using a hoyer lift	o Giving tube feedings
o Caring for patient with Alzheimer	o Moving patients in wheelchair, bed, etc.	o Operating oxygen system
o Administering insulin injections	o Emptying catheters	o Caring for diabetic patients
o Handling colostomy bags	o Taking vital signs / Blood pressure	o Caring for stroke victims

4. EDUCATION

School Name	Address	Degree/Diploma	Date Completed

5. WORK EXPERIENCE (At least five years of employment history or complete history if less)

Current/Last Employer: _____ Phone: (____)_____
City / State:

From: _____ To: _____

_____ _____
Supervisor's Name

Reasons for Leaving_____ Pay: _____/hr

Details of Duties/Responsibilities: _____
_____

Employer: _____ Phone: (____)_____

Supervisor's Name: _____ From: _____ To: _____

Reasons for Leaving: _____ Pay: _____/hr

Details of Duties/Responsibilities: _____
_____

Employer: _____ Phone: (____)_____

Supervisor's Name: _____ From: _____ To: _____

Reasons for Leaving: _____ Pay: _____/hr

Details of Duties/Responsibilities: _____
_____

Employer: _____ Phone: (____)_____

Supervisor's Name: _____ From: _____ To: _____

Reasons for Leaving: _____ Pay: _____/hr

Details of Duties/Responsibilities: _____
_____

6. REFERENCE:

List three recent clients you have worked for in the last 2 years: (Care recipient or next of kin)
OR List three personal references

Name	Phone Number	From	To	Reason for Leaving

7. BACKGROUND

Have you ever been convicted or charged with a crime (felony or misdemeanor) by a court? o Yes o No

If yes, what was the nature of the offense? _____

Date of conviction: _____ **Location where convicted:** _____

Deposition: (Sentence, probation, etc.) _____

Have you lived in the local area for less than 5 years? o Yes o No

If yes, list the addresses for the last 5 years:

Street Address	City	State	Zip Code	From	To

8. MISCELLANEOUS

Have you ever been exposed to Tuberculosis (TB)?	o Yes	o No
Have you had a TB test within the last year?	o Yes	o No
Are you currently under a Physicians care?	o Yes	o No
Are you restricted from lifting any amount of weight for medical reason?	o Yes	o No
Are you allergic to cats?	o Yes	o No
Are you allergic to dogs?	o Yes	o No
Are you afraid of pets?	o Yes	o No
Do you smoke?	o Yes	o No
If you do smoke, can you work in a non-smoking environment?	o Yes	o No
If you do not smoke, can you work in a smoking environment?	o Yes	o No

Please explain any restrictions, medical conditions, allergies, or any other conditions from the above questions.

_____

_____

9. NEXT OF KIN

List family members or friends that can be contacted in the case of an emergency

Name	Address	Telephone #	Relationship

10.SIGN AND DATE

I Hereby declare the information provided by me in this application is true, correct, and complete to the best of my knowledge. I understand that any misstatement or omission of fact on this application may result in cancellation of any contractual commitments between myself and Alternative Home Care For Seniors Inc.

_____ _____

Signature **Date**

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Rate Candidate						
	Appearance	**Experience**	**Language**	**Ethnicity**		
Highlights:	**Interviewed by:** _________________					
Miscellaneous Notes: Personal Impression	**Interviewed by:** ____________					

Follow-Up		
	Date:	**Comments:**