

Caregiver Application



Welcome! Caregiver applicants are required to undergo a criminal background check.*
ALL INFORMATION WILL REMAIN CONFIDENTIAL. We are an equal opportunity employer.

PERSONAL AND GENERAL INFORMATION

Name _____
Last Name First Name Middle Name

Address _____
Number/Street City/State/ZIP

Cell Phone _____ Email _____

Social Security Number _____ Gender Female Male

Driver's License or State Issued ID State _____ Number _____

Are you 18 years of age or older? Yes No Date of Birth _____

List other names and aliases you have been known by _____

Placement you are seeking Full Time Part Time Relief Hours preferred per week _____

Certifications/Licenses Certified Caregiver CNA NAR Other _____

Has your license ever been limited, suspended, or revoked? No Yes

If yes, please explain _____

Are you prevented from becoming lawfully employed in this country because of visa or immigration status?

No Yes

Have you ever applied here before? No Yes

PERSONAL REFERENCES

A minimum of three (3) references, including complete mailing addresses is required. DO NOT use family members or past supervisors.

Name	Address/City/State/ZIP	Relationship	Phone
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1. _____

2. _____

3. _____

TRANSPORTATION Some clients require transportation.

Do you have a current Driver's License? Yes No Proof of auto insurance? Yes No

EMERGENCY CONTACT INFORMATION

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Year Graduated
High School				
Undergraduate/ College				
Graduate/ Professional				
Other – Specify				

SPECIALIZED EXPERIENCE, VOLUNTEER WORK, TRAINING/SKILLS

Indicate months/years of experience that apply, for example: 6 mo. Cancer; 2 yrs. Stroke

Time Frame			Time Frame			Time Frame		
		Alzheimer's/Dementia			Diabetic			Non-Sterile Dressing
		Bathing Males/Females			Epileptic			Oxygen
		Bedpan Toileting/BSC			External Foley Care			Parkinson's Disease
		Blind/Visually Impaired			Foley Catheter			Positioning
		Blood Sugar Testing			Foot Edema			Preparing Special Diets
		Cancer			Heart Disease			Stroke
		Care of Pressure Area			Medication Monitoring			Temperamental Client
		Colostomy Bag			Mentally Handicapped			Vital Signs/Blood Pressure
		Depression/Mental Instability			Mobility Aids			Weight

TRANSFERS: Bedridden Patients Wheelchair Hoyer Lift Transfer Board Other _____

What work duties are you NOT willing to do? _____

INTERESTS/HOBBIES

Please list any skills, hobbies, or other activities that would contribute to your proficiency as a caregiver. Many 12- and 24-hour jobs include considerable amounts of unstructured time, and leisure time participation with the client is important. Please indicate activities you enjoy and/or are able to teach to someone else.

Board/Card Games	Crafts	Hairdressing	Reading to Client
Conversationalist	Crocheting/Knitting	Manicures	Sewing
Cooking/Baking	Gardening	Pedicures	Other

What meals do you typically cook at home? _____

How would you rate your cooking skills? Excellent Good Average Pre-prepared/Frozen

Are you comfortable cooking from scratch or do you prefer using prepared foods? _____

WORK HISTORY

List your most recent job first. Please fill in ALL areas requested.

Employer:	From: / /	To: / /	Wage: \$
Address/City/State/ZIP:			
Job Title:	Phone:	Supervisor:	
Job Duties:			
Reason for Leaving:			
Explain Time Between Jobs:			

Employer:	From: / /	To: / /	Wage: \$
Address/City/State/ZIP:			
Job Title:	Phone:	Supervisor:	
Job Duties:			
Reason for Leaving:			
Explain Time Between Jobs:			

Employer:	From: / /	To: / /	Wage: \$
Address/City/State/ZIP:			
Job Title:	Phone:	Supervisor:	
Job Duties:			
Reason for Leaving:			
Explain Time Between Jobs:			

Employer:	From: / /	To: / /	Wage: \$
Address/City/State/ZIP:			
Job Title:	Phone:	Supervisor:	
Job Duties:			
Reason for Leaving:			
Explain Time Between Jobs:			

Employer:	From: / /	To: / /	Wage: \$
Address/City/State/ZIP:			
Job Title:	Phone:	Supervisor:	
Job Duties:			
Reason for Leaving:			
Explain Time Between Jobs:			

ABOUT YOU

How would you describe your personality (quiet, bubbly, humorous, etc.)? _____

Caregiving requires a high degree of dependability. Describe why you feel you are dependable. Give examples.

Please tell us about any caregiving experience you have that is not included in your work history. Also include how long you performed those tasks. For example: Caregiving for parents or volunteer work.

MEDICAL

Due to the fact that we match clients with caregiver abilities, please list any physical or mental limitations and/or impairments that would have a direct effect on providing care to clients. For example: Cannot lift more than 10 pounds due to back injury. On medication and cannot drive while taking it.

HOW DID YOU HEAR ABOUT US?

- Friend or Family Member Web search Radio Newspaper/Magazine Social Media

Other: _____

DISCLOSURE STATEMENT

Applicants, employees, and registrants of this organization are subject to state laws that protect the clients we work with: vulnerable adults and the elderly. You are required to sign this statement as part of our screening process, and annually thereafter as a requirement of employment.

WHAT WILL DISQUALIFY A PERSON FROM WORKING WITH VULNERABLE ADULTS?

1. If your record shows a conviction for the following crimes, you are automatically disqualified:

- Aggravated Murder
- Arson 1st Degree
- Assault 1st Degree
- Assault 2nd Degree
- Assault 3rd Degree
- Assault 4th Degree (Simple Assault)
- Assault of Child 1st Degree
- Assault of Child 2nd Degree
- Assault of Child 3rd Degree
- Burglary 1st Degree
- Child Abandonment
- Child Abuse or Neglect as defined in RCW 26.44.020
- Incest
- Child Buying or Selling
- Child Molestation 1st Degree
- Child Molestation 2nd Degree
- Child Molestation 3rd Degree
- Communication with a Minor for Immoral Purposes
- Criminal Abandonment
- Criminal Mistreatment 1st Degree
- Criminal Mistreatment 2nd Degree
- Custodial Assault
- Custodial Interference 1st Degree
- Custodial Interference 2nd Degree
- Extortion 1st Degree
- Extortion 2nd Degree
- Extortion 3rd Degree
- Felony Indecent Exposure
- Forgery
- Rape of Child 2nd Degree
- Indecent Liberties
- Kidnapping 1st Degree
- Kidnapping 2nd Degree
- Malicious Harassment
- Manslaughter 1st Degree
- Manslaughter 2nd Degree
- Murder 1st Degree
- Murder 2nd Degree
- Patronizing a Juvenile Prostitute
- Promoting Pornography
- Promoting Prostitution 1st Degree
- Prostitution
- Rape 1st Degree
- Rape 2nd Degree
- Rape 3rd Degree
- Rape of Child 1st Degree
- Rape of Child 2nd Degree
- Rape of Child 3rd Degree
- Robbery 1st Degree
- Robbery 2nd Degree
- Selling or Distributing Erotic Material to Child
- Sexual Exploitation of Minor
- Sexual Misconduct with Minor 1st Degree
- Sexual Misconduct with Minor 2nd Degree
- Theft 1st Degree
- Theft 2nd Degree
- Theft 3rd Degree
- Unlawful Imprisonment
- Vehicular Homicide (Negligent Homicide)
- Violation of Child Abuse Restraining Order
- Mfg. and/or Delivery of Controlled Substance
- Possession with Intent to Manufacture and/or Deliver Controlled Substance

2. If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified or terminated.

3. If a court, state department, disciplinary board, or dependency action has found that you have abuse, neglected, exploited, or sexually abused any minor or vulnerable adult, you are automatically disqualified from employment and/or placement through this organization.

4. If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified from employment and/or placement through this organization.

5. Have you ever been arrested or convicted of any of the crimes listed above? No Yes – Please describe:

EMPLOYEE ACKNOWLEDGMENT

I, _____, on _____
Print Name Date

attest that all information in this application is true and correct to the best of my knowledge. I understand that all references will be checked. I agree that all background checks through any state or federal agency are a requirement for employment. I understand that at anytime if any information provided in this application is found to be falsified, or untrue, it is grounds for immediate termination from Nellie’s Heart Caregiving.

Employee Signature Date

NHC Representative Date