

PREMIER CARE PARTNERS

CARE PARTNER EMPLOYMENT APPLICATION

Electronic Employment Application - Confidential

Thank you for your interest in joining Premier Care Partners. We seek dependable, compassionate professionals who demonstrate dignity, reliability, confidentiality, sound judgment, and respect for each client's individualized care plan.

1. Applicant Information

Full Legal Name

Preferred Name

Street Address

City / State / ZIP

Phone

Email

Preferred Contact Method

Earliest Available Start Date

2. Position & Availability

☐ Care Partner / Companion

☐ Hospital Sitter

☐ Transportation / Errands

☐ Full-time

☐ PRN / As Needed

☐ Evenings

☐ Weekends

☐ Personal Care / ADL Support

☐ Respite Care

☐ Other

☐ Part-time

☐ Days

☐ Nights

Specific Days / Hours Available

Approximate Hours Desired per Week

3. Employment Eligibility

Premier Care Partners is an equal opportunity employer. Please answer only the job-related questions below.

Legally authorized to work in the United States? ☐ Yes ☐ No

At least 18 years of age? ☐ Yes ☐ No

Will you now or in the future require employment sponsorship? (Yes/No)

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4. Education, Training & Credentials

Highest Level of Education / School

Caregiving / Healthcare Training

CNA or Other Credential (type / state / expiration)

CPR / First Aid (provider / expiration)

Other Relevant Certification / Training

Do not upload sensitive identity documents with this application unless Premier Care Partners specifically requests them through an approved process.

5. Caregiving Experience

Years of Paid Caregiving / Related Experience

☐ Older adults

☐ ADL / personal care

☐ Post-discharge support

☐ Meal preparation

☐ Respite

☐ Dementia / memory care

☐ Hospital sitter

☐ Hospice / end-of-life care

Briefly describe your most relevant caregiving

6. Employment History - Most Recent Employer

Employer

Job Title

Dates Employed

Supervisor / Contact

Employer Phone

Reason for Leaving

Primary Duties

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7. Additional Employment History

Previous Employer #2

Employer

Job Title

Dates Employed

Employer Phone

Reason for Leaving

Primary Duties

Previous Employer #3

Employer

Job Title

Dates Employed

Employer Phone

Reason for Leaving

Primary Duties

8. Professional References

Reference 1

Name / Relationship

Phone / Email

Reference 2

Name / Relationship

Phone / Email

Reference 3

Name / Relationship

Phone / Email

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9. Transportation & Job Requirements

Some assignments may require reliable transportation or authorized client transportation. A driver's license and appropriate automobile insurance will be verified only when relevant to the assignment.

Do you have reliable transportation to report to assigned client locations?

☐ Yes

☐ No

If required for an assignment, are you willing to drive a client or complete authorized errands?

☐ Yes

☐ No

If driving is required, can you provide proof of

☐ Yes

☐ No

10. Premier Care Partner Fit

Why are you interested in becoming a Premier

A family member is upset about something that

A client asks you to perform a task that is not

You realize you may be unable to report for to

What does reliability mean to you in home care

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11. Applicant Disclosures

Answer the following truthfully. A response does not automatically disqualify an applicant. Premier Care Partners evaluates job-related information consistent with applicable law and company policy.

Have you previously worked for Premier Care Partners?

☐ Yes

☐ No

Do you have a relative currently employed by Premier Care Partners?

☐ Yes

☐ No

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation?

☐ Yes

☐ No

Can you reliably meet the availability you listed on this application?

☐ Yes

☐ No

If explanation is needed for any answer above, please explain below:

12. Applicant Certification & Electronic Signature

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that material misrepresentation or omission may affect consideration for employment or, if employed, may result in corrective action up to and including termination, consistent with applicable law. I authorize Premier Care Partners to contact the employers and professional references I have listed for employment-related verification. I understand that this application is not an employment contract and does not guarantee employment.

By typing my full legal name below, I intend this entry to serve as my electronic signature for this application. Premier Care Partners may use a separate compliant authorization for any consumer/background report and any other screening that requires separate notice or consent.

Electronic Signature - Full Legal Name

Date

Applicant Email

13. Premier Care Partners - Internal Use Only

Interview / Screening Notes

☐ Advance to interview

☐ Hold / additional review

☐ Do not advance

☐ References complete

☐ Credential verification complete

☐ Separate screening authorization obtained

Reviewer

Review Date