# Job Application Form — Companion / Aide

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 1. Applicant Information

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

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

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

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

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

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

City / State / ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

## 2. Position Details

Position Applying For: ☐ Companion ☐ Sitter ☐ Aide ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability: ☐ Full-time ☐ Part-time ☐ On-call ☐ Overnight

Preferred Work Schedule (Days/Times): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Do you have reliable transportation? ☐ Yes ☐ No

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

Do you have any lifting restrictions or physical limitations that may affect this role? ☐ No ☐ Yes — please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 3. Experience and Qualifications

How many years of experience do you have in companionship or caregiving? ☐ None ☐ 1–2 years ☐ 3–5 years ☐ 5+ years

Previous Job Titles or Roles: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe your experience working with seniors or adults with special needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certifications / Training (check all that apply): ☐ CPR / First Aid ☐ CNA / PCA / HHA License ☐ Dementia / Alzheimer’s Training ☐ Hospice / End-of-Life Care ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 4. Background Information

Have you ever been convicted of a misdemeanor or felony? ☐ No ☐ Yes — please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you willing to submit to a background check? ☐ Yes ☐ No

Are you willing to take a drug test if required? ☐ Yes ☐ No

Do you have a valid driver’s license? ☐ Yes ☐ No State Issued: \_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have auto insurance? ☐ Yes ☐ No

## 5. Skills & Preferences

Do you have experience with (check all that apply): ☐ Companionship / Conversation ☐ Light housekeeping ☐ Meal preparation ☐ Transportation assistance ☐ Dementia / Alzheimer’s care ☐ Bedside sitting ☐ End-of-life companionship

Do you prefer to work with: ☐ Male clients ☐ Female clients ☐ No preference

Are you comfortable with pets in the home? ☐ Yes ☐ No

## 6. References

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relationship | Phone | Years Known |
|   |   |   |   |
|   |   |   |   |

## 7. Authorization & Signature

I certify that all information provided in this application is true and complete to the best of my knowledge. I authorize verification of all information and consent to background and reference checks as required.

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

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