



# Midtown Home Health Care

8259 Bustleton Ave  
Phila, Pa 19152  
(215)516-5075

Midtown Home Health Care

## Applicant Information

### NAME

First Name
Last Name
Email

### DRIVER'S LICENSE

License Received <input type="radio"/> Yes <input type="radio"/> No
Number
State <span style="float: right;">▼</span>

### MAILING ADDRESS

Line 1		
Line 2		
City	State <span style="float: right;">▼</span>	Zip Code

### OTHER INFORMATION

Home Phone	Mobile Phone
Social Security Number	
Birth Date <span style="float: right;">▼</span>	

## Experience

### PREVIOUS CAREGIVER EXPERIENCE #1

Organization
Contact Person
Telephone
Dates Worked
May We Contact? <input type="radio"/> Yes <input type="radio"/> No

### PREVIOUS CAREGIVER EXPERIENCE #2

Organization
Contact Person
Telephone
Dates Worked
May We Contact? <input type="radio"/> Yes <input type="radio"/> No

### PREVIOUS CAREGIVER EXPERIENCE #3

Organization
Contact Person
Telephone
Dates Worked
May We Contact? <input type="radio"/> Yes <input type="radio"/> No

### PREVIOUS CAREGIVER EXPERIENCE #4

Organization
Contact Person
Telephone
Dates Worked
May We Contact? <input type="radio"/> Yes <input type="radio"/> No

## Professional References (do not include family or friends)

### REFERENCE #1

Contact Person
Position/Title
Telephone
Dates Known

### REFERENCE #2

Contact Person
Position/Title
Telephone
Dates Known

REFERENCE #3

Contact Person
Position/Title
Telephone
Dates Known

**Criminal History**

Have you ever been convicted of any felony or misdemeanor offenses?

Felony / Misdemeanor  
 Yes  No

If yes, please describe the date and nature of the offense.

Felony / misdemeanor description

**Education**

COLLEGE #1

Name
Location
Major
Graduate? <input type="radio"/> Yes <input type="radio"/> No
End Date Mon Day Year

COLLEGE #2

Name
Location
Major
Graduate? <input type="radio"/> Yes <input type="radio"/> No
End Date Mon Day Year

COLLEGE #3

Name
Location
Major
Graduate? <input type="radio"/> Yes <input type="radio"/> No
End Date Mon Day Year

HIGH SCHOOL

Name
Location
Graduate? <input type="radio"/> Yes <input type="radio"/> No
End Date Mon Day Year

**General Availability**

Are you available for all hours?  
 Yes  No

LIVE-INS

Being a Live-In means several consecutive days of care where the Caregiver stays at the care recipient's home for the entire number of days.

Are you interested in providing Live-In care?  
 Yes  No

If yes, choose maximum # of days

## Skills and Preferences

Please check any you are willing to work with

- |   |   |  |                                    |
|---|---|--|------------------------------------|
| <input type="checkbox"/> Companionship        | <input type="checkbox"/> Bathing/Dressing | <input type="checkbox"/> Hoyer Lift      | <input type="checkbox"/> Gait Belt |
| <input type="checkbox"/> Incontinence         | <input type="checkbox"/> Driving          | <input type="checkbox"/> Transfer Assist | <input type="checkbox"/> Smoking   |
| <input type="checkbox"/> Alzheimer's/Dementia | <input type="checkbox"/> Males            | <input type="checkbox"/> Females         | <input type="checkbox"/> Dogs      |
| <input type="checkbox"/> Cats                 |   |  |                                    |

Please check any you have experience with

- |   |                                    |                                       |  |
|---|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Hoyer Lift           | <input type="checkbox"/> Gait Belt | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Transfer Assist |
| <input type="checkbox"/> Alzheimer's/Dementia |                                    |                                       |  |

## Specialized Training

List any additional certifications you hold

## Additional Questions

Do you have access to reliable transportation?

- Yes  No

Are you a smoker?

- Yes  No

If yes, how many per day?



How did you hear about us?

Tell us about recent caregiving experiences.



Why do you want to be a caregiver with us?

## Emergency Contact Information



EMERGENCY CONTACT #1

Name	
Relationship	
Phone	Type 
Phone Alt	Type 

EMERGENCY CONTACT #2

Name	
Relationship	
Phone	Type 
Phone Alt	Type 

**EMERGENCY CONTACT #3**

Name	
Relationship	
Phone	Type 
Phone Alt	Type 

**CERTIFICATION AND RELEASE**

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I certify the above stated and indicated are true in fact and no misrepresentation of myself has been made. I understand that any false information, omissions, or misrepresentation of facts will result in rejection from this application and/or discharge at any time during employment period. I authorize COMPANY NAME to verify any and all information contained within this application, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment and that I am willing to submit to drug testing at any time to detect the use of illegal drugs prior to or during employment.

Agree? <input type="radio"/> Yes <input type="radio"/> No
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**RESTRICTIVE COVENANT**

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I agree not to do business directly with any individual or business entity that COMPANY NAME has introduced to me or by entering into employment with such individuals or businesses.

Agree? <input type="radio"/> Yes <input type="radio"/> No
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