Employment Application

By filling out this application and questionnaire, you are applying for employment with *Superior Care Team.* This company is dedicated to a policy of non-discrimination of applicants on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Your Full Name			Date	
Street Address		City	State	Zip
Home Phone	Cell Phone	Tax ID / SSN #		
Date of Birth	Ethnicity (Optional)	How did you hear about us:		

Alternate Contact

Name	Phone
Address	Relationship

Are you currently employed / provide Care to others? Explain:
If Yes, Explain. Yes No

Have you ever been convicted of a misdemeanor/felony? If Yes, provide details

☐ yes ☐ no Details:

Transportation

Most clients require transportation, often using the Care Provider's vehicle:

Do you have dependable transportation? ☐ yes ☐ no		Make and model car
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

Availability

Appx. hours per week available:	Days/Times you **are** available	Days & times **not** available	Can you be called at the last minute in case of emergency? ☐ yes ☐ no

Select the areas that you will accept work:

1☐Columbia 2 ☐**Lexington 3** ☐**West Columbia** 4☐Chapin 5 ☐Fort Jackson 6☐ **Other**_____

Education

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates

Degrees/certificates – All Degrees / Certificates must be presented copy. All will be verified with provider/issuer.

Special skills or courses – Any skills that assist in making you qualified as a professional Care Provider.

Experience?

Discuss any training or experience working with the elderly. How are you trained and/or experienced in working with the elderly?

What do *YOU* do that shows and proves you're Reliable, Trustworthy and Honest?

What would you like least about working with the elderly?

Skills

Please indicate which of the following skills you are prepared to provide if referred to seniors / families:

Companion Care & Safety	☐ yes ☐ no		Medication reminders	☐ yes ☐ no		Oral Care	☐ yes ☐ no
Alzheimer's	☐ yes ☐ no		Transportation	☐ yes ☐ no		Shaving Assistance	☐ yes ☐ no
Dementia	☐ yes ☐ no		Bathing (Reg., bed, sponge)	☐ yes ☐ no		Assist w / P.T. Exercises	☐ yes ☐ no
Meal Prep / Clean Up	☐ yes ☐ no		Dressing/ Grooming	☐ yes ☐ no		Assist w/ Prosthesis	☐ yes ☐ no
Feeding	yes no		Incontinence	☐ yes ☐ no		Hospice	☐ yes ☐ no
Light Housekeeping	☐ yes ☐ no		Ambulation	☐ yes ☐ no		Willing to Work w/Pets	☐ yes ☐ no
Laundry	☐ yes ☐ no		Transfer assist	☐ yes ☐ no		Speak fluent English	☐ yes ☐ no

Work History

Please provide at least five years of recent, verifiable work history followed by verifiable references.

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Why Do You Feel You Would Be An Excellent Addition to Our Team?

Business | Professional References

Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

Character & Personal References

Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand the general requirements of Independent Care Contractors/Providers on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I completely understand that I am submitting this Application as an interested Care Provider and that by submitting this there is no guarantee for employment. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, work, criminal and credit 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.

Signature	Date

For Office Use Only – *Interview/Comments/Reference Check /Notes*