

GRACEFUL HOME CARE LLC
Employment Application – Non-Medical Home Care Caregiver

Applicant Information

Full Name: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

Driver's License Number: _____

State Issued: _____

Are you legally authorized to work in the United States?

Yes No

Do you have reliable transportation?

Yes No

Position Applying For: _____

Desired Start Date: _____

Availability

Full-Time

Part-Time

PRN/As Needed

Days Available:

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

Hours Available: _____

Education

High School Name: _____

City/State: _____

Graduated? Yes No

Additional Education/Training:

Employment History

Employer #1

Company Name: _____

Position: _____

Dates Employed: _____

Supervisor: _____

Phone: _____

Reason for Leaving: _____

Employer #2

Company Name: _____

Position: _____

Dates Employed: _____

Supervisor: _____

Phone: _____

Reason for Leaving: _____

Caregiving Experience

Do you have previous caregiving experience?

Yes No

Please describe your experience:

Skills (Check All That Apply)

- Personal Care Assistance
- Meal Preparation
- Light Housekeeping
- Medication Reminders
- Companionship
- Dementia Care
- Transportation Assistance
- Transfers & Mobility Assistance
- Shopping & Errands

References

Reference #1

Name: _____

Relationship: _____

Phone: _____

Reference #2

Name: _____

Relationship: _____

Phone: _____

Background Check Authorization

I understand that Graceful Home Care LLC may conduct background checks, reference checks, and verification of employment history as part of the hiring process.

Applicant Signature: _____

Date: _____

Applicant Certification

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that false or misleading information may result in disqualification from employment or termination if hired.

Applicant Signature: _____

Date: _____