

Caregiver Application

Name			
First Name	Middle Name	Last Name	
Phone Number	er		
E-mail			
example@example	e.com		
If applying for	a specific po	sition, list the job title here:	
Total number	of years expo	erience in caregiving service:	
Address			
Street Address			
Street Address Line	e 2		
City	State /	Province	
Postal / Zip Code			

Date of Birth

Month	Day	Year
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I meet the following requirements (check all that apply):

Passion for people **Professional Outlook** Stellar references Knowledgeable about spinal cord injury Pristine background Reliable & prompt Able to commit to job timeline 21+ years old

Clear driving record Safe & ensured vehicle Non-smoker Can legally work in the U.S.

Care for anyone disabled Current CPR/FA certification or willingness to renew

	Are v	ou 21	vears	of	age	or	older?
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Yes No

Are you authorized to work In The United States?

Yes No

Are you currently living in the South Carolina Area?

Yes No

Where are you located?

Please list the neighborhood you reside in.

Do You Own A Car?

Yes No

Do You Have A Drivers License?

Yes No

Areas you are comfortable commuting to:

Distance Willing To Travel?	
Employmen	t Desired:
Date You Can Start	
Month Day Year	
Month Day real	
Salary Desired	
Position Interested In (check all that apply): Full Time	Part Time
Temporary	On Call
Skills/Qualit	fications:
Introduce yourself to a prospective employer by sh	aring a personal letter about your experience.
Include qualities that make you an outstanding name	
Important Note: This is much more than a job to us. We are looking f	or caregivers that understand the significance of being
welcomed into a family to nurture their family member. Additionally, detail (grammar, punctuation, etc.).	
List three words that describe your personality:	
What skills and experience do you have that are us	eful for caregiving? Feel free to be as in depth
as possible.	3 3

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CPR/First Aid Certified?
CPR/First Aid Expiration Date
Month Day Year
Name of CPR/FA instructor:
Phone number for CPR/FA instructor:
Do you consider yourself as a patient person?
List any additional health & safety trainings:
Anything else you would like to share:

Include links to your social media profiles, so we can get to know you better:

Education:
Highest Level of Education:
High School
Name of High School Attended
Graduated High School?
Double-click to edit this text
College
Name of College/University Attended
Graduated College?
Number of Years Attended College
College Area of Study/Degree
Double-click to edit this text

Graduate School

Graduated Grad School?
Number of Years Attended
Area of Study/Degree
Double-click to edit this text
Trade School/Other
Name of Trade/Technical/Other School Attended
Graduated From Trade School?
Number of Years Attended
Area of Study/Degree
List of other professional training:
i.e. STARS, NCS, Doula training, conference workshops, etc.

Mandatory Job History

Current Employer Name
i.e. Name of Family
Current Employer Position
Your job title
Current Employer Start Date
Month Day Year
Current Employer Location
i.e. Neighborhood
Current Employer Client's Ages
Current Employer Duties
Please include an in-depth job description
Current Employer May We Contact? Yes No
Please explain why we may not contact your current employer:

Double-click to edit this text
Previous Employment
Previous Employer
i.e. Name of Family
Previous Employer Position
Your job title
Previous Employer Start Date
Month Day Year
Previous Employer End Date
Month Day Year
Previous Employer Location
i.e. Neighborhood
Previous Employer Client's Ages
Previous Employer Duties

Previous Employer Reason for Leaving?
Previous Employer May We Contact?
Yes
No
Please explain why we may not contact your previous employer:
Double-click to edit this text
Third Recent Employer
i.e. Name of Family
Third Recent Employer Position
Your job title
Third Recent Employer Start Date
Month Day Year
Third Recent Employer End Date

Third Recent Employer Location
i.e. Neighborhood
Third Recent Employer Children's Ages
Third Recent Employer Employer Duties
Please include an in-depth job description
Third Recent Employer Reason for Leaving?
Third Recent Employer May We Contact? Yes
No
Please explain why we may not contact your third recent employer:
Fourth Recent Employer
i.e. Name of Family
Fourth Recent Employer Position

Month Day Year
Fourth Recent Employer End Date
Month Day Year
Fourth Recent Employer Location
i.e. Neighborhood
Fourth Recent Employer Children's Ages
Fourth Recent Employer Employer Duties
Please include an in-depth job description
Fourth Recent Employer Reason for Leaving?
Fourth Recent Employer May We Contact? Yes No
Please explain why we may not contact your fourth recent employer:

Fourth Recent Employer Start Date

References: Please include at least three May we contact your references? Yes No **Reference One** Name of Reference **Reference One Relationship Reference One Years Acquainted Reference One Phone Reference One Email** example@example.com Double-click to edit this text..

3 Jotform

Reference Two

Name of Reference

Reference Two Relationship

Reference Two Years Acquainted
Reference Two Phone
Reference Two Email
example@example.com
Double-click to edit this text
Reference Three
Name of Reference
Reference Three Relationship
Reference Three Years Acquainted
Reference Three Phone
Reference Three Email
example@example.com
Double-click to edit this text

Reference Four
Name of Reference
Reference Four Relationship
Reference Four Years Acquainted
Reference Four Phone
Reference Four Email
example@example.com
Double-click to edit this text
Reference Five
Name of Reference
Reference Five Relationship
Reference Five Years Acquainted
Reference Five Phone
Reference Five Email

example@example.com

Cover Letter & Resume:

Acknowledgement

I have uploaded my resume. Without a resume, I understand that my application may not be considered.