IN HOME CARE PROVIDERS LLC

IHCP

Applicant Information

Full Name: _____

Date of Birth: ____ / ____ / _____

Address: _____

City: _____ State: SC Zip: _____

Phone: _____

Email: _____

Employment Information

Position Applying For: ☐ Full-Time ☐ Part-Time ☐ PRN (as needed)

Date Available: ____ / ____ / _____

Desired Pay Rate: $_____ per hour

Experience

- Do you have prior caregiving experience? ☐ Yes ☐ No
  If yes, how many years? _____
- Special training/certifications (check all that apply):
  ☐ CNA ☐ CPR ☐ First Aid ☐ Dementia Care ☐ Other: _____

IN HOME CARE PROVIDERS LLC

Availability

- Days you are available: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun
- Times you are available: _____

Transportation

- Do you have reliable transportation? ☐ Yes ☐ No
- Valid SC Driver's License? ☐ Yes ☐ No

References (Work or Personal)

1. Name: _____ Phone: _____

   Relationship: _____

1. Name: _____ Phone: _____

   Relationship: _____

Consent & Signature

I certify that the information provided is true and complete. I authorize the Company to conduct background checks and drug screening as required by South Carolina law.

Signature: _____ Date: ____ / ____ / _____