



APPLICATION FOR EMPLOYMENT

2908 Stonecreek Drive, Round Rock, TX 78681
 Employment Line: 512-244-7920 Fax: 512-244-7907

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Name		Date
Address		
City	State	Zip Code
Phone	S.S. #	

Emergency Contact

Name	Phone
Address	Relationship

Position Applying For

Have you ever been convicted of a felony?

Yes No

If yes, please provide details

Transportation

Many caregiver positions require the transportation of a client.

Do you have dependable transportation?

Yes No

Year, Make and Model of Vehicle

License Plate #

State

Driver's License #

Auto Insurance Policy #

Auto Insurance Company

Insurance Agent Name

Insurance Agent Phone #

Availability

Number of hours per week you would like to work

Times you are available to work

Any times **not** available to work

Can you be called at the last minute in case of emergency?

Yes No

Comments:

Education

High School	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/Certificates:		
Special skills or courses:		

Experience

Discuss any training or experience you have working with the elderly:

What would you like most about working with the elderly?

What would you like least about working with the elderly?

Skills

Please indicate whether or not you have assisted with or performed the following tasks for seniors

Companionship	<input type="checkbox"/> Yes <input type="checkbox"/> No	Vacuuming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Laundry	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bathing/ Grooming	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dusting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grocery Shopping	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dressing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean Bathroom	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cooking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incontinence	<input type="checkbox"/> Yes <input type="checkbox"/> No	Clean Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No	Driving	<input type="checkbox"/> Yes <input type="checkbox"/> No
Transfer Assist	<input type="checkbox"/> Yes <input type="checkbox"/> No	Bed Linen Changes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Medication Reminders	<input type="checkbox"/> Yes <input type="checkbox"/> No

Employment History

Please go back at least **five years** and tell us about your work history.
Use reverse side of sheet if additional space is required.

May we contact your current employer? Yes No

Company	From	To
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Job Title	Reason for leaving
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Duties

Supervisor	Phone
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Company	From	To
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Job Title	Reason for leaving
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Duties

Supervisor	Phone
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Company	From	To
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Job title	Reason for leaving
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Duties

Supervisor	Phone
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Company	From	To
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Job title	Reason for leaving
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Duties

Supervisor	Phone
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Business References

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

Personal References

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

CERTIFICATION AND RELEASE: I certify that I have read and understand the application 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 understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Evara ElderCare and/or its agents, including consumer reporting bureaus, to verify any information including, 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. As company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature	Date
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For Office Use Only*Interviewer Comments*