



Date Received: _____

CAREGIVER APPLICATION

Welcome! When you return your completed application, please bring the items listed on the cover letter with you. Caregiver applicants are required to undergo a criminal background check*. ALL THE INFORMATION WILL REMAIN CONFIDENTIAL. We are an equal opportunity employer.

◆ PLEASE PRINT ◆

PERSONAL AND GENERAL INFORMATION

Name: _____
Last Name First Name Middle Name

Address: _____
Number/Street City State Zip Code

Mailing Address (if Different): _____
Number/Street City State Zip Code

Home Phone _____ Cell Phone: _____ Message Phone: _____

E-mail: _____ Are you 18 years of age or older? Yes No

List other names and aliases you have been known by: _____

Placement you are seeking: Full Time Part Time Relief Hours preferred per week: _____

Certifications/Licenses*: Certified Caregiver CNA NAR Other: _____
*Please include copy of any license(s) with your application

Has your license ever been limited, suspended, or revoked? No Yes – please explain: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status*? No Yes
*Proof of citizenship or immigration status will be required upon acceptance of application

Have you ever applied here before? No Yes – please give date(s) _____

Do you have family members or friends employed at Elder Options? No Yes – please list names: _____

PERSONAL REFERENCES

A minimum of three (3) references, including complete mail addresses, is required. **Do NOT use family members or past supervisors.**

NAME	ADDRESS - City, State, Zip	RELATIONSHIP	TELEPHONE

TRANSPORTATION

Some clients require transportation. Do you have a current Driver's License? Yes No Proof of auto insurance? Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone Number: _____

Alternate Name: _____ Relationship: _____ Phone Number: _____

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	YEAR GRADUATED
High School				
Undergraduate / College				
Graduate / Professional				
Other – Specify				

SPECIALIZED EXPERIENCE, VOLUNTEER WORK, TRAINING/SKILLS

Indicate months/years of experience for all that apply – for example: 6 mo. Cancer; 2 yrs. Stroke

<i>Time Frame</i>	<i>Time Frame</i>	<i>Time Frame</i>	<i>Time Frame</i>
<input type="checkbox"/> _____ Alzheimer's/Dementia	<input type="checkbox"/> _____ Colostomy Bag	<input type="checkbox"/> _____ Foot Edema	<input type="checkbox"/> _____ Parkinson's Disease
<input type="checkbox"/> _____ Bathing Males/Females	<input type="checkbox"/> _____ Depression/Mental Instability	<input type="checkbox"/> _____ Heart Disease	<input type="checkbox"/> _____ Positioning
<input type="checkbox"/> _____ Bedpan Toileting/BSC	<input type="checkbox"/> _____ Diabetic	<input type="checkbox"/> _____ Medication Monitoring	<input type="checkbox"/> _____ Preparing Special Diets
<input type="checkbox"/> _____ Blind/Visually Impaired	<input type="checkbox"/> _____ Epileptic	<input type="checkbox"/> _____ Mentally Handicapped	<input type="checkbox"/> _____ Stroke
<input type="checkbox"/> _____ Blood Sugar Testing	<input type="checkbox"/> _____ External Foley Care	<input type="checkbox"/> _____ Mobility Aids	<input type="checkbox"/> _____ Temperamental Client
<input type="checkbox"/> _____ Cancer	<input type="checkbox"/> _____ Feeding Tubes	<input type="checkbox"/> _____ Non-Sterile Dressing	<input type="checkbox"/> _____ Vital Signs/Blood Pressure
<input type="checkbox"/> _____ Care of Pressure Area	<input type="checkbox"/> _____ Foley Catheter	<input type="checkbox"/> _____ Oxygen	<input type="checkbox"/> _____ Weight

TRANSFERS: _____ Bedridden Patients _____ Wheelchair _____ Hoyer Lift _____ Transfer Board Other: _____

What work duties are you **NOT** willing to do? _____

INTERESTS / HOBBIES

Please list any skills, hobbies, or other activities that would contribute to your proficiency as a caregiver. Many 12- and 24-hour jobs include considerable amounts of unstructured time, and leisure time participation with the client is important. Please indicate activities you enjoy and/or are able to teach to someone else.

<input type="checkbox"/> Board / Card Games	<input type="checkbox"/> Crafts	<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Reading to Client
<input type="checkbox"/> Conversationalist	<input type="checkbox"/> Crocheting / Knitting	<input type="checkbox"/> Manicures	<input type="checkbox"/> Sewing
<input type="checkbox"/> Cooking / Baking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Other: _____

What meals do you typically cook at home? _____

How would you rate your cooking skills? Excellent Good Average TV dinners

Are you comfortable cooking from scratch or do you prefer using prepared foods? _____

How would you describe your personality (quiet, bubbly, humorous)? _____

MEDICAL

Due to the fact we match client needs with caregiver abilities, please list any physical or mental limitations and/or impairments that would have a direct effect on providing care to clients. For example: cannot lift more than 10 pounds due to back. On medication and cannot drive while taking it.

WORK HISTORY

► *List present or most recent job first. Please fill in ALL areas requested.*

Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			
Explain Time Between Jobs:			

Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			
Explain Time Between Jobs:			

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Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			

Caregiving requires a high degree of dependability. Describe why you feel you are dependable. Give Examples. _____

AVAILABILITY Indicate (1) for first choice, (2) second choice; up to (5) in order of preferred shifts:

<input type="checkbox"/> Days	<input type="checkbox"/> Evenings (specify time; example: after 6 p.m.)	<input type="checkbox"/> On-Call
<input type="checkbox"/> 12-Hour Daytime Shift	Available Time – After: _____ p.m.	<input type="checkbox"/> Holidays
	<input type="checkbox"/> 12-Hour Awake Night Shift	

TELL US ABOUT YOU

Please tell us about any caregiving experience you have that is not included in your work history. Also include how long you performed those tasks. (Example: Caregiving for parents or volunteer work.)

DISCLOSURE STATEMENT

Applicants, employees, and registrants of this organization are subject to state laws that protect the clients we work with: vulnerable adults and the elderly. You are required to sign this statement as part of our screening process, and annually thereafter as a requirement of employment.

WHAT WILL DISQUALIFY A PERSON FROM WORKING WITH VULNERABLE ADULTS?

1. If your record shows a conviction for the following crimes, you are automatically disqualified:

- | | | | |
|--|---|--|---|
| • Aggravated Murder | • Communication with a Minor for Immoral Purposes | • Manslaughter 1 st Degree | • Sexual Exploitation of Minor |
| • Arson 1 st Degree | • Criminal Abandonment | • Manslaughter 2 nd Degree | • Sexual Misconduct with Minor 1 st Degree |
| • Assault 1 st Degree | • Criminal Mistreatment 1 st Degree | • Murder 1 st Degree | • Sexual Misconduct with Minor 2 nd Degree |
| • Assault 2 nd Degree | • Criminal Mistreatment 2 nd Degree | • Murder 2 nd Degree | • Theft 1 st Degree |
| • Assault 3 rd Degree | • Custodial Assault | • Patronizing a Juvenile Prostitute | • Theft 2 nd Degree |
| • Assault 4 th Degree (Simple Assault) | • Custodial Interference 1 st Degree | • Promoting Pornography | • Theft 3 rd Degree |
| • Assault of Child 1 st Degree | • Custodial Interference 2 nd Degree | • Promoting Prostitution 1 st Degree | • Unlawful Imprisonment |
| • Assault of Child 2 nd Degree | • Extortion 1 st Degree | • Prostitution | • Vehicular Homicide (Negligent Homicide) |
| • Assault of Child 3 rd Degree | • Extortion 2 nd Degree | • Rape 1 st Degree | • Violation of Child Abuse Restraining Order |
| • Burglary 1 st Degree | • Extortion 3 rd Degree | • Rape 2 nd Degree | • Mfg. and/or Delivery of Controlled Substance |
| • Child Abandonment | • Felony Indecent Exposure | • Rape 3 rd Degree | • Possession with Intent to Manufacture and/or Deliver Controlled Substance |
| • Child Abuse or Neglect as defined in RCW 26.44.020 | • Forgery | • Rape of Child 1 st Degree | |
| • Child Buying or Selling | • Incest | • Rape of Child 2 nd Degree | |
| • Child Molestation 1 st Degree | • Indecent Liberties | • Rape of Child 3 rd Degree | |
| • Child Molestation 2 nd Degree | • Kidnapping 1 st Degree | • Robbery 1 st Degree | |
| • Child Molestation 3 rd Degree | • Kidnapping 2 nd Degree | • Robbery 2 nd Degree | |
| | • Malicious Harassment | • Selling or Distributing Erotic Material to Child | |

2. If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified or terminated.
3. If a court, state department, disciplinary board, or dependency action has found that you have abuse, neglected, exploited, or sexually abused any minor or vulnerable adult, you are automatically disqualified from employment and/or placement through this organization.
4. If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified from employment and/or placement through this organization.
5. Have you ever been arrested or convicted of any of the crimes listed above? No Yes – Please describe: _____
