



Application for Employment

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.

Please return completed application PROMPTLY to:

Fax: 619-515-6415 or Email: jobboard@seniorlifeassistance.com

Note: return by mail only if cannot fax or email

**8250 Vickers Street #F
San Diego, CA 92111**

Note: you can type your information directly into the form below or you can print it out and enter by hand.

Name		Date
Street Address		
City	State	ZIP
Phone	email	SSN

Emergency Contact	
Name	Phone
Address	Relationship

I am applying for a position as a <input type="checkbox"/> Caregiver <input type="checkbox"/> Certified Nursing Assistant <input type="checkbox"/> RN	
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no	
If yes, please provide details	

Transportation: Many caregiver positions require the caregiver to transport a client.		
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car	
License plate #	Driver license #	Auto insurance policy #

Insurance company	Insurance agent name	Insurance agent phone
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Availability			
Number of hours you would like to work weekly	Days and times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments			

Education		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates		
Special skills, courses, awards		

Experience
What, if any, training or experience have you had 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 you have assisted with or performed the following tasks for seniors.

Companion-ship	<input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming/ Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no
Bathing/ dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Gardening	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Cleaning bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Meal Planning & Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Cleaning kitchens	<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	Changing bed linens	<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 beginning with your current position. Use reverse side of sheet if additional space is required. Are you currently employed?

Yes No

May we contact your current employer?

yes no

Company	From	To
Job title	Reason left	
Duties and Work Schedule		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	

Duties	
Supervisor	Phone

Business References (List at least three)			
Name	Address	Relationship/Years Known	Local Phone #

Personal References (No family members. List at least four)			
Name	Address	Relationship/Years Known	Local Phone #

<p>CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form 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 the company 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. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.</p>	
Signature	Date

For Office Use Only – Interviewer Comments