



# Home Care Provider Application

## Personal Information:

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B. \_\_\_\_\_

OHIO Driver's License: # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Number of Years Driving Experience: \_\_\_\_\_

*A copy of driver's license and vehicle insurance certificate will be needed for employment.*

Vehicle Driven Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you a U.S. Citizen? \_\_\_\_\_ Yes \_\_\_\_\_ No If no, do you have the legal right and necessary documents to work in the US? \_\_\_\_\_ Yes \_\_\_\_\_ No

(Identity and employment eligibility will be verified as required by law.)

Ethnicity: \_\_\_\_\_ African American \_\_\_\_\_ Alaska Native \_\_\_\_\_ American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Caucasian \_\_\_\_\_ Hispanic \_\_\_\_\_ Italian

Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

School District of Residence: \_\_\_\_\_

Township of Residence: \_\_\_\_\_

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### **Criminal Background Inquiry:**

Have you ever been convicted of a crime, or traffic offense?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

You will not be denied employment solely because of a conviction record, unless the offense is related to the work for which you have applied.

### **Work History:** *(List most recent job first)*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Dates Worked: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of position or job held: \_\_\_\_\_

Tasks you did at work: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Dates Worked: From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of position or job held: \_\_\_\_\_

Tasks you did at work: \_\_\_\_\_

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Reason for leaving: \_\_\_\_\_

List any additional employers (*other than those listed*) during the past 10 years:

\_\_\_\_\_

List unique skills and abilities acquired independently:

List your hobbies:

List your favorite activities or things you do for fun & relaxation:

List any self-improvement initiatives:

List any Volunteer work you have done:

Anything else you want to add? \_\_\_\_\_

\_\_\_\_\_

## **Education and Training**

*(Please complete all areas that apply)*

### **Formal Education**

High School: \_\_\_\_\_

Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Diploma Earned? Yes \_\_\_\_\_ No \_\_\_\_\_

Years completed: \_\_\_\_\_

Area of Concentration: \_\_\_\_\_

College, Trade or Technical School: \_\_\_\_\_

Location: \_\_\_\_\_

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Dates attended: \_\_\_\_\_ Degree(s) Earned: \_\_\_\_\_

Area(s) of Concentration: \_\_\_\_\_

**Additional Specialized Training**

Vocational Training: \_\_\_\_\_

Adult Education: \_\_\_\_\_

Specialized Certification or Licenses: \_\_\_\_\_

Skills and abilities acquired independently (hobbies, self-study, or volunteer work):

\_\_\_\_\_  
Other: \_\_\_\_\_

**What service(s) would you want to provide? *(List all that apply)***

**Household assistance**

**Yard work**

**Meal preparation**

**Handyman services/Small repairs**

**Light house cleaning**

**Packing/Unpacking from moving**

**Transportation**

**Overnight supervision (10-12 hr. shift)**

**Personal grooming/dressing**

**Companionship/Socialization**

**Toileting/Bathing assistance**

**Pet care/Pet walking**

**Mobility assistance**

**Dementia/Alzheimer's care**

Days available:  Mon  Tues  Wed  Thurs  Fri  Sat  Sun

Times available:  AM (as early as \_\_\_\_\_ am);  PM (as late as \_\_\_\_\_ pm).

Desired hourly fee: \$ \_\_\_\_\_/hour Desired hours/weekly: \_\_\_\_\_

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Any concerns with working around pets?

Any concerns working in a smoking environment?

Any physical restrictions or limitations?

## **Emergency Contact information:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

## **References:**

*(I permit Seniors Helping Seniors to contact any of my references for the purpose of processing my application)*

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

I have been a resident of Ohio for \_\_\_\_\_ years.

*If less than 2 years, provide your previous state residence: \_\_\_\_\_*

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## How Did You Hear About This Caregiver Position?:

*Please let us know how you heard about this caregiver position. Please list the name of the newspaper, senior center, church, Facebook, Website, etc.*

Newspaper: \_\_\_\_\_

Senior Center: \_\_\_\_\_

Church: \_\_\_\_\_

Other: \_\_\_\_\_

"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you."

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*A typed signature is considered legal and binding.*

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