



## Employment Application

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Driver's License: \_\_\_\_\_ Exp Date: \_\_\_\_\_

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

(street address)

(city, state, zip)

Please circle ---- sex:      Male      Female

Are you a U.S. citizen? \_\_\_\_\_ (if not) alien number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Car Insurance Policy Company and Policy Number \_\_\_\_\_

### Educational Background:

	Name/ Location of School	Years Attended	Did you Graduate?	Subjects Studied
Grammar School				
High School				
College				
Trade, Business School/Other Education				

### Which Florida Certifications or Licenses do you have?

C.P.R.      Expiration Date: \_\_\_\_\_

C.N.A.      Expiration Date: \_\_\_\_\_

HHA      Completed Date: \_\_\_\_\_

RN      Expiration Date: \_\_\_\_\_

LPN      Expiration Date: \_\_\_\_\_

Other Please Specify \_\_\_\_\_ Expiration Date \_\_\_\_\_

### Please circle all types of positions you will consider:

LIVE- IN   LIVE-OUT    FULL-TIME   PART-TIME    WEEKEND    EVENING

What days will you work? \_\_\_\_\_

What hours will you work? \_\_\_\_\_

Can you work evenings? \_\_\_\_\_

What rate of pay do you expect? \_\_\_\_\_

Do you have any physical conditions which may restrict your ability to perform tasks? \_\_\_\_\_

If so, please explain: \_\_\_\_\_

**Please circle the letter or letters that describe you:**

1. I am a(n):

a. Smoker

b. Occasional Smoker

c. Non-Smoker

2. I will work in a home with:

a. Cats

b. Large Dogs

c. Any Dogs

d. None of the above

3. I am willing to perform the following tasks:

a. Laundry

b. Light ironing

c. Changing the linens

d. Run family errands (reimbursed gas money)

e. Cook meals

f. Do the grocery shopping

g. Assist with bathing

h. Grooming (hair, nails)

**Employment History:**

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

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

City, State, Zip: \_\_\_\_\_

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

Job Description/Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

Job Description/Duties: \_\_\_\_\_

\_\_\_\_\_

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

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

City, State, Zip: \_\_\_\_\_

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

Job Description/Duties: \_\_\_\_\_

\_\_\_\_\_

**Please list at least 3 personal references who are NOT family members  
(fellow co-workers are preferred):**

Name	City/State	Telephone

**Have you ever been arrested?** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been treated for drug or alcohol abuse?** \_\_\_\_\_

**If yes, where and when?** \_\_\_\_\_

**How often do you drink alcohol?** \_\_\_\_\_

**Have you passed a Level 2 Background Check since August 31<sup>st</sup>, 2010?** \_\_\_\_\_ **Previous to August 31<sup>st</sup>, 2010?** \_\_\_\_\_

**When was your last physical?** \_\_\_\_\_

**From what date had your Doctor concluded free of communicable diseases including TB?** \_\_\_\_\_

**If you had a positive PPD, when was your last chest x-ray?** \_\_\_\_\_ **Was it clear?** \_\_\_\_\_

**In case of emergency, contact:**

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

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

**Home telephone** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **email:** \_\_\_\_\_

**Please List your Hobbies and things you like to do:**

---

---

---

**What is your favorite part about being a caregiver?**

---

---

---

---

**Authorization:**

This authorizes Florida Home Companion to do a background check on the applicant.

I authorize Florida Home Companion, LLC to investigate all facts and statements contained in this application. I understand that misrepresentation or omission of pertinent facts is cause for termination without notice at any time. I authorize Florida Home Companion, LLC to release all information obtained through investigation and listed in this application to potential clients and authorize all previous employers to release full information to Florida Home Companion, LLC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**620 North Wymore Road, Suite 260, Maitland, FL 32751 407-478-5469 Ph. 407-478-4099 Fax**  
**[www.floridahomecompanion.com](http://www.floridahomecompanion.com)**