



## Employment Application

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

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

Address: \_\_\_\_\_  
(street address) (city, state, zip)

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

Please circle ---- Sex: Male Female Do you have car insurance: Yes No Do you own a car: Yes No

Are you a U.S. Citizen: Yes No (If Not a Citizen) Alien # \_\_\_\_\_

### Educational Background:

Name and Location of High School: \_\_\_\_\_ G.E.D or Diploma

Name and Location of College or Trade School(s): \_\_\_\_\_

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

C.P.R. Expiration Date: \_\_\_\_\_  
C.N.A. Expiration Date: \_\_\_\_\_  
H.H.A. Completed Date: \_\_\_\_\_  
RN Expiration Date: \_\_\_\_\_  
LPN Expiration Date: \_\_\_\_\_  
Other Please Specify \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

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

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

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

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

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

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

Date of last physical? \_\_\_\_\_ Date Doctor concluded free of communicable diseases including TB? \_\_\_\_\_

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

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

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

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

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

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Have you ever been treated for drug or alcohol abuse? \_\_\_\_\_ If yes, where and when? \_\_\_\_\_

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

I am a: smoker or non-smoker

I will work with: Cats Small Dogs Large Dogs No Pets

## Employment History:

Name: \_\_\_\_\_ Dates: from: \_\_\_\_\_ to: \_\_\_\_\_

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

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

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

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

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Name: \_\_\_\_\_ Dates: from: \_\_\_\_\_ to: \_\_\_\_\_

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

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

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

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

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Name: \_\_\_\_\_ Dates: from: \_\_\_\_\_ to: \_\_\_\_\_

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

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

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

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

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

	<u>Name</u>	<u>City/State</u>	<u>Phone Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**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)