



Carrisma Home Care, LLC.

Employment Application

Date of Birth: _____ mm _____ dd _____ yy

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code
Phone: _____ Email: _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Position Applied for: _____

Are you a citizen of the United States? ^{YES} ^{NO} If no, are you authorized to work in the U.S.? ^{YES} ^{NO} Have you ever
worked for this company? ^{YES} ^{NO} If yes, when? _____

^{YES} ^{NO}
Have you ever been convicted of a felony?

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? ^{YES} ^{NO} Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? ^{Yes} ^{No} Degree: _____

Other: _____ Address: _____

^{YES} ^{NO}
From: _____ To: _____ Did you graduate? Degree: _____

References

Please list three professional references.

FullName: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

FullName: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

FullName: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO
☐ ☐

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reasons for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

YES NO

May we contact your previous supervisor for a reference?

TRAINING LEVEL - CLASSIFICATION

Registered Nurse _____

Licensed Practical Nurse _____

Certified Nursing Assistant I _____

Certified Nursing Assistant II _____

Personal Care Assistant _____

Other/Specify: _____

CPR _____

ACLS _____

PALS _____

ETC. _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Other Information/Disclaimer and Signature

Have you ever had any type of injury that would prevent or limit your ability to perform the duties required of a medical profession of your classification? Y N

If yes, when? _____

What was the injury? _____

Does it currently affect you? Y N If so, how? _____

Have you ever filed for a worker's compensation claim? Y N

Have you ever been on probation? Y N

Are you currently on probation? Y N

Are you available for in-home care? _____

What shifts and days are you available to work? _____

Are you available for facility care? _____ If yes, what shifts? _____

How far are you willing to travel for client care? (We have clients in different locations)

A patient's care plan often calls for the caregiver to run errands with or for the patient one day per week. This would require the caregiver to have a valid driver's license, valid insurance, as well as their own means of transportation.

Do you have your own transportation? Y N

Do you have a valid driver's license? Y N

Driver's License Number _____

Insurance Company and Contact Information _____

THE INFORMATION PROVIDED BY ME IN THIS APPLICATION FOR EMPLOYMENT IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE STATEMENT OF ANY KIND WILL BE CONSIDERED AS CAUSE FOR POSSIBLE TERMINATION/DISMISSAL FROM THE ABOVE AGENCY. I THEREFORE AUTHORIZE CARRISMA HOME CARE, LLC. TO SEEK ANY INFORMATION NEEDED FROM ALL MY PREVIOUS EMPLOYERS, PERSONAL REFERENCES, AND/OR ANY ACADEMIC INSTITUTIONS. I RELEASE ALL PARTIES FROM ANY LIABILITY THAT MAY ARISE FROM THEIR GIVING OR RECEIVING INFORMATION ABOUT ME AND MY SUITABILITY FOR EMPLOYMENT.

Signature of Applicant _____ Date: _____