



CAREGIVER APPLICATION

Thank you for your interest in joining our team. Please complete all sections, legibly.
Incomplete applications may not be accepted or considered.

PERSONAL INFORMATION

Full Legal Name: _____

Phone (Primary): _____ Phone (Alternate): _____
☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

eMail Address: _____

Physical Address: _____

Mailing Address: _____
If different than physical address.

Birthday: _____ Social Security #: _____

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Say Pronoun(s): _____

Are you legally authorized to work in the U.S.? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ No ☐ Yes (*'Yes' does not automatically disqualify*)

If yes, please explain: _____

Have you ever been listed on a Caregiver Misconduct Registry? ☐ No ☐ Yes

If yes, please explain: _____

Do you speak languages other than English? ☐ No ☐ Yes (Languages: _____)

Do you have reliable transportation? ☐ Yes ☐ No Are you willing to use your vehicle? ☐ Yes ☐ No

Driver's License: _____ State: _____ Expiration: _____

Auto Insurance: _____ Policy #: _____

Phone: _____ State: _____ Expiration: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

Emergency Contact: _____

Phone: _____ Relationship: _____

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SCHEDULING

What is your weekly availability? (Check all that apply)

Day of the Week	Morning (6a-12p)	Afternoon (12p-6p)	Evening (6p-12a)	Overnight (12a-6a)	24-Hours	On Call
Monday	☐	☐	☐	☐	☐	☐
Tuesday	☐	☐	☐	☐	☐	☐
Wednesday	☐	☐	☐	☐	☐	☐
Thursday	☐	☐	☐	☐	☐	☐
Friday	☐	☐	☐	☐	☐	☐
Saturday	☐	☐	☐	☐	☐	☐
Sunday	☐	☐	☐	☐	☐	☐

If you are available to work holidays, please check all that apply.

New Year's Day	Martin Luther King	Memorial Day	Independence Day	Labor Day	Thanksgiving	Christmas	New Year's Eve
☐	☐	☐	☐	☐	☐	☐	☐

Maximum hour per day you are seeking: _____ Are you open to Live-In Placement? ☐ Yes ☐ No

EMPLOYMENT HISTORY

Company: _____

Primary Contact: _____ Title: _____

Physical Address: _____

Phone (Primary): _____ Phone (Alternate): _____
☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

eMail Address: _____

Position/Title: _____ Start & End Date: _____

Pay Rate: Starting Rate: \$_____ per _____ Ending Rate: \$_____ per _____

Overview of Duties: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

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Company: _____

Primary Contact: _____ Title: _____

Physical Address: _____

Phone (Primary): _____ Phone (Alternate): _____
☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

eMail Address: _____

Position/Title: _____ Start & End Date: _____

Pay Rate: Starting Rate: \$_____ per _____ Ending Rate: \$_____ per _____

Overview of Duties: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

Company: _____

Primary Contact: _____ Title: _____

Physical Address: _____

Phone (Primary): _____ Phone (Alternate): _____
☐ Cell ☐ Work ☐ Home ☐ Cell ☐ Work ☐ Home

eMail Address: _____

Position/Title: _____ Start & End Date: _____

Pay Rate: Starting Rate: \$_____ per _____ Ending Rate: \$_____ per _____

Overview of Duties: _____

Reason for Leaving: _____

May we contact this employer? ☐ Yes ☐ No

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PROFESSIONAL REFERENCES *(Please do not list family or friends)*

Full Name: _____

Organization: _____

Relationship to You: _____ Years Known: _____

Phone: _____ Email : _____
☐ Cell ☐ Work ☐ Home

Full Name: _____

Organization: _____

Relationship to You: _____ Years Known: _____

Phone: _____ Email : _____
☐ Cell ☐ Work ☐ Home

Full Name: _____

Organization: _____

Relationship to You: _____ Years Known: _____

Phone: _____ Email : _____
☐ Cell ☐ Work ☐ Home

EDUCATION AND TRAINING

Highest Level of Education Completed

☐ Some High School ☐ High School Diploma/GED ☐ Some College ☐ Associate's Degree
☐ Bachelor's Degree ☐ Vocational/Trade School ☐ Other: _____

School Name: _____

Field of Study: _____ Year Graduated: _____

School Name: _____

Field of Study: _____ Year Graduated: _____

School Name: _____

Field of Study: _____ Year Graduated: _____

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CERTIFICATIONS AND CREDENTIALS *(Check all that apply)*

Certification	Current	Expiration Date	In Progress	Expired	Certifying Body
CNA: Certified Nursing Assistant	☐	_____	☐	☐	_____
LVN: Licensed Vocational Nurse	☐	_____	☐	☐	_____
RN: Registered Nurse	☐	_____	☐	☐	_____
LPN: Licensed Practical Nurse	☐	_____	☐	☐	_____
NP: Nurse Practitioner	☐	_____	☐	☐	_____
HHA: Home Health Aide	☐	_____	☐	☐	_____
PCA: Personal Care Aide	☐	_____	☐	☐	_____
CMA: Certified Medical Assistant	☐	_____	☐	☐	_____
CDP: Certified Dementia Practitioner	☐	_____	☐	☐	_____
Medication Aide / Technician	☐	_____	☐	☐	_____
Geriatric Care Manager	☐	_____	☐	☐	_____
Other (Specify): _____					

CPR & FIRST AID CERTIFICATION

Do you hold a current CPR Certification? ☐ Yes ☐ No. If yes, complete below:

CPR Level: ☐ BLS (Basic Life Service) ☐ Heartsaver ☐ Adult, only ☐ Adult/Child/Infant

Certifying Organization: _____ Expiration: _____

Do you hold a current First Aid Certification? ☐ Yes ☐ No

Certifying Organization: _____ Expiration: _____

TUBERCULOSIS (TB) TEST STATUS

Have you been tested within the past 12 months? ☐ Yes ☐ No. If yes, complete below:

Date of Most Recent Test: _____ Results: ☐ Negative ☐ Positive ☐ Pending

If positive, have you been treated and cleared by a physician? ☐ Yes ☐ No

Physician's Name: _____ Date Cleared: _____

Are you willing to complete a TB test if required? ☐ Yes ☐ No

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GENERAL EXPERIENCE

How many years of experience do you have in the following areas?

General Caregiving: _____ In-Home Care: _____ Senior Care (65+): _____

Chronically Ill: _____ Professional Facilities: _____

Which type of facility? (*check all that apply*) ☐ Nursing Home ☐ Assisted Living ☐ Hospital

Provide an overview of your duties and responsibilities: _____

Have you worked with clients that use Augmentative and Alternative Communication (AAC) or alternative communication systems? ☐ No ☐ Yes

If yes, please explain: _____

What is your level of comfort in these areas?

Task/Skill	Very Comfortable	Comfortable	Somewhat Comfortable	Not Comfortable
Personal Hygiene Assistance (bathing, toileting, etc.)	☐	☐	☐	☐
Ambulation & Transfers (bed to wheelchair, etc.)	☐	☐	☐	☐
Operating Mobility Aids (wheelchair, walkers, etc.)	☐	☐	☐	☐
Administer/Managing Medications (reminders, etc.)	☐	☐	☐	☐
Meal Planning & Prep with Dietary Restrictions	☐	☐	☐	☐
Documenting & Reporting Health Changes	☐	☐	☐	☐
Communicating with Family and Medical Teams	☐	☐	☐	☐
Providing Overnight / 24-hour Care	☐	☐	☐	☐

BEHAVIORAL CHALLENGES EXPERIENCE

How many years of experience do you have in the following areas?

Aggressive Combative Behaviors: _____ Wandering Risks: _____ De-escalations: _____

Provide an overview of your techniques and strategies: _____

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CONDITIONS AND ILLNESS EXPERIENCE *(Check all that apply and rate, accordingly)*

Conditions	Advanced	Intermediate	Beginner	None
<u>GROUP A: Cognitive & Neurological Conditions</u>				
Alzheimer's Disease	☐	☐	☐	☐
General Dementia	☐	☐	☐	☐
Vascular Dementia	☐	☐	☐	☐
Lewy Body Dementia	☐	☐	☐	☐
Parkinson's Disease	☐	☐	☐	☐
Multiple Sclerosis (MS)	☐	☐	☐	☐
Traumatic Brain Injury (TBI)	☐	☐	☐	☐
Stroke / CVA Recovery	☐	☐	☐	☐
Epilepsy / Seizure Disorders	☐	☐	☐	☐
Lou Gehrig's Disease (ALS)	☐	☐	☐	☐
<u>GROUP B: Cardiovascular & Respiratory</u>				
Congestive Heart Failure (CHF)	☐	☐	☐	☐
Coronary Artery Disease	☐	☐	☐	☐
Hypertension (High Blood Pressure)	☐	☐	☐	☐
Chronic Obstructive Pulmonary Disease (COPD)	☐	☐	☐	☐
Asthma	☐	☐	☐	☐
Pulmonary Fibrosis	☐	☐	☐	☐
Post-Cardiac Surgery Care	☐	☐	☐	☐
<u>GROUP C: Metabolic & Endocrine</u>				
Type 1 Diabetes	☐	☐	☐	☐
Type 2 Diabetes	☐	☐	☐	☐
Thyroid Disorders	☐	☐	☐	☐
Obesity / Metabolic Syndrome	☐	☐	☐	☐
Kidney Disease / Renal Failure	☐	☐	☐	☐
<u>GROUP D: Mobility & Physical Impairments</u>				
Paraplegia / Quadriplegia	☐	☐	☐	☐
Arthritis (Osteoarthritis / Rheumatoid)	☐	☐	☐	☐
Hip / Knee Replacement Recovery	☐	☐	☐	☐
Amputation / Prosthetics Care	☐	☐	☐	☐
Osteoporosis / Fracture Recovery	☐	☐	☐	☐
Fall Risk / Balance Disorders	☐	☐	☐	☐

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CONDITIONS AND ILLNESS EXPERIENCE *(continued)*

Conditions	Advanced	Intermediate	Beginner	None
<u>GROUP E: Cancer & Palliative Care</u>				
Cancer Treatment (Chemotherapy / Radiation)	☐	☐	☐	☐
Cancer Recovery / Survivorship Care	☐	☐	☐	☐
Hospice / End-of-Life Care	☐	☐	☐	☐
Palliative Care Support	☐	☐	☐	☐
Pain Management Assistance	☐	☐	☐	☐
<u>GROUP F: Mental Health & Behavioral Conditions</u>				
Depression / Anxiety	☐	☐	☐	☐
Bipolar Disorder	☐	☐	☐	☐
Schizophrenia / Psychosis	☐	☐	☐	☐
Post-traumatic Stress Syndrome (PTSD)	☐	☐	☐	☐
Sundowning / Agitation (Dementia-related)	☐	☐	☐	☐
Aggressive / Combative Behavior	☐	☐	☐	☐
Wandering Risk Management	☐	☐	☐	☐
Substance Use / Recovery Support	☐	☐	☐	☐
<u>GROUP G: Developmental Pediatric</u>				
Autism Spectrum Disorder (ASD)	☐	☐	☐	☐
Intellectual Disabilities	☐	☐	☐	☐
Cerebral Palsy	☐	☐	☐	☐
Down Syndrome	☐	☐	☐	☐
Pediatric / Child Care	☐	☐	☐	☐
<u>GROUP H: Other Specialized Care</u>				
Wound Care / Pressure Ulcer Management	☐	☐	☐	☐
Catheter Care	☐	☐	☐	☐
Ostomy Care	☐	☐	☐	☐
Feeding Tube / G-tube Care	☐	☐	☐	☐
Oxygen / Ventilator Support	☐	☐	☐	☐
Vision Impairment	☐	☐	☐	☐
Hearing Impairments	☐	☐	☐	☐
Speech / Communication Impairments	☐	☐	☐	☐

OTHER: Explain in detail _____

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I, the undersigned, authorize "Signed, Love Always" and its designated agents to conduct a thorough background investigation, which may include, but is not limited to, criminal history (county, state, and federal), sex offender registry, driving record (MVR), employment verification, reference checks, Tuberculosis screening, and any other lawful inquiry necessary for employment consideration.

I released 'Signed, Love Always', its agents, and all persons providing information from any liability arising from this investigation.

I certify that all information provided in this application is true, complete, and accurate to the best of my knowledge.

I understand that any false, misleading, or omitted information may result in disqualification from employment and termination.

Signature

Print Name

Date

Please attached Resume, Personal Reference Letters, and any other supporting documents that will assist in the reviewing of your application.

'Signed, Love Always' is an Equal Opportunity Employer that does not discriminate based on race, national origin/culture, religion, gender/sex, age, ability/disability, or any other protected class.