

Family Care Options Caregiver Application

info@familycareoption.com

Please email the completed application and attach resume, reference letter, CPR certificate

Personal Information:

Name: _____ Date: _____

Address: _____ Apartment # _____

City: _____ State: _____ Zip Code: _____

Phone _____ Cell Phone: _____ Email Address: _____

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

Where were you born? _____ Date of Birth: _____

Are you a US Citizen? _____ Do you have your birth certificate or passport? _____

Do you have one of the following? Please specify:

Work Permit: _____ Green Card: _____ Work Authorization Permit: _____ Work Visa: _____

Do you use any other name? _____ If so please print: _____

How did you hear about our company? _____

Position Applying for: Please circle:

Nanny/ Babysitter/ Housekeeper / House Manager/ Companion / Eldercare/ Dog Sitter / Walker

House Manger/ Home Health Aide/ Nurse's Aide

What position are you applying for: () Live in () Live Out () Part Time () Full Time

Specify days of the week you are available:

Mon Tue Wed Thu Fri Sat Sun

Hours available to work, give earliest time available to start & latest time you can work:

Monday _____ Tue _____ Wed _____
 Thursday _____ Fri _____ Sat _____ Sun _____

Experience and Relevant qualifications:

Are you CPR trained? _____ Are you certified in Nursing? _____

Do you drive? _____ Do you have a car? _____

Did you have accidents/moving violations in which you were a driver in the last 3 years? _____

If yes, please explain: _____

Are you able to use your car for work? _____

Driving Experience: _____ Do you drive stick? _____

Are you willing to relocate? _____ If yes, when can you relocate _____

If yes, are there any relocation limitations or desires? _____

Do you smoke? _____ If yes, how often? _____

Are you taking any medication currently? _____

If yes, please explain the reason you are on medication? _____

Was the medication prescribed by a physician? _____

Do you drink alcoholic beverages? _____ How often? _____

Do you have any dietary restrictions: Religious or other? _____

Rate your energy level from 1-10? _____

Do you have any Allergies? _____ If yes, please specify _____

Do you feel you are physically capable to do the job you are applying for? _____

Can you ride a bike? _____ Will you ride a bike if asked to? _____

Do you like pets? _____ Do you swim? _____

Housekeeping Experience:

Do you have housekeeping Experience? _____

What type of houses have you cleaned? Formal, Informal? _____

Have you ever polished silver or cleaned crystal? _____

Are you able to Iron: _____ Can you do Laundry? _____

Pet Care Experience:

Do you own your own pet? _____

What type of animals do you have experience working with? _____

What breeds have you worked with? _____

Why do you feel you are qualified to work with animals? _____

What was your job duties while caring for the pet? _____

How many years have you worked with pets? _____ What type or pet? _____

Do you have references from families you worked with while caring for their pet? _____

May we contact them? _____ If so, please provide their name and number _____

Do you have any allergies? _____

Are you capable to walk or run with a dog? _____

Are there any breeds you do not feel comfortable with? _____

In the event of an emergency with the animal, are you capable of handling the pet and taking them for care? _____

Childcare Experience:

Do you like children? _____

Why do you want to work with children? _____

Do you have any children of your own? _____ If yes, how many children do you have and your children's current ages _____

If your children are under the age of 15 years old who will watch your children when you are working? _____

Have you ever worked with special needs children? _____ If yes, please explain: _____

Do you prefer to care for adults, children or animals? _____ Why: _____

Do you like to work alone? _____ Please explain: _____

Can you travel with the Family if needed? _____ Internationally? _____

Eldercare Experience:

Do you have experience working with elderly people? _____

If so, Where did you work? _____

How many years of experience do you have? _____

What were your job duties? _____

Do you have references that we could contact about your eldercare work? _____

Education:

What is your highest level of education completed? _____

Did you attend College, if yes, what college? _____

What type of degree do you have: _____

Did you complete any courses, please describe: _____

Work Experience: please give most recent family you worked with, first

1) **Employer/Family Name:** _____ Phone # _____ Cell # _____

Employers address: _____ City: _____ State: _____

Job Title: _____ Where you Live In _____ or Live Out _____

Start date (month & year): _____ End date (month & year): _____

What was your schedule: _____

How many Children did you care for? _____

What were the ages of the children when you started the job? _____

How many pets did you care for? _____

What was the breed of the pet? _____

If this was a housekeeping Job how many rooms did you clean? _____

Describe your daily responsibilities at this job? _____

What is the reason you are no longer with the family? _____

Did the family give you a reference? _____ Can you provide us with the letter of reference? _____

2) **Employer/Family Name:** _____ Phone # _____ Cell # _____

Employers address: _____ City: _____ State: _____

Job Title: _____ Where you Live In _____ or Live Out _____

Start date (month & year): _____ End date (month & year): _____

What was your schedule: _____

How many Children did you care for? _____

What were the ages of the children when you started the job? _____

How many pets did you care for? _____

What was the breed of the pet? _____

If this was a housekeeping Job how many rooms did you clean? _____

Describe your daily responsibilities at this job? _____

What is the reason you are no longer with the family? _____

Did the family give you a reference? _____ Can you provide us with the letter of reference? _____

3) **Employer/Family Name:** _____ Phone # _____ Cell # _____

Employers address: _____ City: _____ State: _____

Job Title: _____ Where you Live In _____ or Live Out _____

Start date (month & year): _____ End date (month & year): _____

What was your schedule: _____

How many Children did you care for? _____

What were the ages of the children when you started the job? _____

How many pets did you care for? _____

What was the breed of the pet? _____

If this was a housekeeping Job how many rooms did you clean? _____

Describe your daily responsibilities at this job? _____

What is the reason you are no longer with the family? _____

Did the family give you a reference? ___ Can you provide us with the letter of reference

1) Employer/Family Name: _____ Phone # _____ Cell # _____

Employers address: _____ City: _____ State: _____

Job Title: _____ Where you Live In _____ or Live Out _____

Start date (month & year): _____ End date (month & year): _____

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Describe your daily responsibilities at this job? _____

What is the reason you are no longer with the family? _____

Did the family give you a reference? _____ Can you provide us with the letter of reference? _____

Personal References:

Name: _____ Phone # _____

How do you know this person: _____?

Name: _____ Phone # _____

How do you know this person: _____?

By signing this form I do hereby certify that all facts contained herein are true and complete to the best of my knowledge. I understand that Family Care Options will conduct a background investigation including a criminal, social security, DMV Verification and reference check, I understand I have the option to conduct my own background check and present to Family Care Options upon registration. By signing below I hereby authorize Family Care Options to

conduct any and all investigations on me with the information I have provided above on this application. Any and all changes after completing this application, I must change myself in person.

Applicant's Name: Please Print: _____ *Date:* _____

Applicant's Signature: _____ *Date:* _____

Applicant's Email dress: _____

Applicant's Phone Number: _____