



Guardian Angels is an equal opportunity employer dedicated to a policy of non-discrimination for employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

ESSENTIAL INFORMATION

First Name: _____ Last Name: _____
 Address 1: _____ Address 2: _____
 City: _____ State: _____ Zip Code: _____
 Mobile Phone: _____ Home Phone: _____ Work Phone: _____
 Driver's License Number: _____

SECTION 1: EMERGENCY CONTACTS

Name: _____ Phone: _____
 How did you hear about Guardian Angels?: _____

SECTION 2: APPLICATION FOR EMPLOYMENT

Today's Date: _____ / _____ / _____
 Do you have reliable transportation? (required) Yes No (make & model of vehicle): _____
 License Plate #: _____ Auto insurance company: _____
 How did you hear about Guardian Angels?: _____

SECTION 3: BACKGROUND CHECK

Have you ever been convicted of a misdemeanor or a felony? (required) Yes No
 If yes, please elaborate: _____

SECTION 4: AVAILABILITY

Are you available to work weekdays? Yes No | Are you available to work weekends? Yes No
 Are you available to work evenings? Yes No | Are you available to work overnights? Yes No
 Please list the times you are NOT available to work: M: _____ T: _____ W: _____
 TH: _____ F: _____ SAT: _____ SUN: _____

SECTION 5: EDUCATION

High School: _____ City, State (required): _____
College: _____ City, State (required): _____
Other School: _____ City, State (required): _____
Degree(s): _____ Certifications: _____
Special Related Courses / Skills: _____

SECTION 6: EXPERIENCE WORKING WITH ELDERLY / AGING ADULTS WITH SPECIAL NEEDS

Bathing / Showering / Dressing / Grooming: Yes No
Toileting / Incontinence / Peri-care: Yes No
Transfer assistance in / out of bed, chair, or wheelchair: Yes No
Transfer assistance in / out of vehicles: Yes No
Experience with Gait belt, cane, walker, or wheelchair: Yes No
Experience with Dementia / Alzheimers: Yes No
Medication reminders: Yes No
Grocery (or other) shopping: Yes No
Cooking / meal preparation: Yes No
Laundry: Yes No
Light cleaning (vacuuming, dusting, etc.): Yes No
Cleaning bathrooms: Yes No
Cleaning bathrooms, kitchen, etc: Yes No
Pet care: Yes No
Transportation: Yes No
Assistance with mail, banking, bills : Yes No
Other training or experience caring for elders?: Yes No Please explain: _____

Do you have any physical limitations that would keep you from performing any of these tasks? Please list: _____

SECTION 7: EMPLOYMENT HISTORY (list most recent first) Are you currently employed? Yes No

Business Name: _____ Supervisor: _____
Position: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____
Business Name: _____ Supervisor: _____
Position: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____
Business Name: _____ Supervisor: _____
Position: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____
Business Name: _____ Supervisor: _____
Position: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____

SECTION 8: REFERENCES / PROFESSIONAL

Business name: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____

Your position: _____

Supervisor name: _____ Position: _____

Supervisor phone #: _____ Supervisor email: _____

Business name: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____

Your position: _____

Supervisor name: _____ Position: _____

Supervisor phone #: _____ Supervisor email: _____

Business name: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____

Your position: _____

Supervisor name: _____ Position: _____

Supervisor phone #: _____ Supervisor email: _____

Business name: _____ Dates employed: ____ / ____ / ____ to ____ / ____ / ____

Your position: _____

Supervisor name: _____ Position: _____

Supervisor phone #: _____ Supervisor email: _____

SECTION 9: REFERENCES / PERSONAL

Name: _____ Relationship: _____

Phone #: _____ Email: _____

Name: _____ Relationship: _____

Phone #: _____ Email: _____

Name: _____ Relationship: _____

Phone #: _____ Email: _____

I certify that all information contained in this application is true and complete. I understand that false information may be grounds for not hiring me or for immediate termination of employment at any time in the future if I am hired. I authorize the verification of any and all information listed above.

Signature: _____ Date: ____ / ____ / ____