Date: 11/4/2020

Application Form

Guardian Angels Homecare
5600 S 48th St
Suite 118
Lincoln NE 685164110

Phone: 402-474-4000
Fax: 1-775-305-2470
Email: info@guardian-angels.us
Website: www.guardian-angels.us

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

Applicant Information			
First Name:		Drivers License # & State:	
Last Name:		SSN:	
Address 1:		Phone:	
Address 2:		Mobile:	
City:		Work:	
State & Zip:		Email:	
		Referred By:	

Section 1 - Application for Employment			
Number	**Question**	**Effective Date**	**Expiration Date**
2	**Today's Date**		
7	**How did you hear about Guardian Angels Homecare?**		

Section 2 - Emergency Contact			
Number	**Question**	**Effective Date**	**Expiration Date**
1	**Name**		
2	**Phone# (numbers only)**		

Section 3 - Transportation			
Number	**Question**	**Effective Date**	**Expiration Date**
1	**Do you have dependable transportation?** (required)		
	☐ Yes ☐ No		
2	**Make & Model of Car**		
3	**License Plate #**		
4	**Auto insurance company**		

Section 4 - Background Check			
Number	**Question**	**Effective Date**	**Expiration Date**
1	**Have you ever been convicted of a misdemeanor or a felony?** (required)		
	☐ Yes ☐ No		
2	**If yes, please explain**		

Section 5 - Availability			
Number	**Question**	**Effective Date**	**Expiration Date**
1	**Are you available to work weekdays?**		

2	Are you available to work evenings?		
3	Are you available to work weekends?		
4	Are you available to work overnight?		
5	Times you are NOT available to work		

Section 6 - Education			
Number	Question	Effective Date	Expiration Date
1	High School, City/State (required)		
2	College, City/State		
3	Other School, City/State		
4	Degrees and Certifications		
5	Special Skills or Courses		

Section 7 - Experience working with elders doing the following			
Number	Question	Effective Date	Expiration Date
1	Bathing, Showering, Dressing, Grooming		
	☐ Yes ☐ No		
2	Toileting, Incontinence. Peri-care		
	☐ Yes ☐ No		
3	Transfer Assist in/out of bed, chair, wheelchair		
	☐ Yes ☐ No		
4	Transfer Assist in/out of a vechicle		
	☐ Yes ☐ No		
5	Experience with Gait belt, Cane, Walker, Wheelchair		
	☐ Yes ☐ No		
6	Experience w/Dementia, Alzheimers		
	☐ Yes ☐ No		
7	Medication Reminders		
	☐ Yes ☐ No		
8	Grocery shopping		
	☐ Yes ☐ No		
9	Cooking		
	☐ Yes ☐ No		
10	Laundry		
	☐ Yes ☐ No		
11	Vacuuming & Dusting		
	☐ Yes ☐ No		
12	Clean Bathrooms		
	☐ Yes ☐ No		

13	Clean Kitchens		
	☐ Yes ☐ No		
14	Pet Care		
	☐ Yes ☐ No		
15	Transportation		
	☐ Yes ☐ No		
16	Assist w/Banking, Bills, Mail		
	☐ Yes ☐ No		
17	Do you have other training or experience with elders?		
18	Do you have physical limitations that keep you from performing any of these tasks?		
	☐ Yes ☐ No		

Section 8 - Employment History

Number	Question	Effective Date	Expiration Date
1	May we contact your CURRENT employer? (required)		
	☐ Yes ☐ No		
2	BUSINESS NAME - current employer		
3	Supervisor Name		
4	Your Position		
5	Dates Employed		
6	BUSINESS NAME - previous employer		
7	Supervisor Name		
8	Your Position		
9	Dates Employed		
10	BUSINESS NAME - previous employer		
11	Supervisor Name		
12	Your Position		
13	Dates Employed		

Section 9 - References: 3 PROFESSIONAL

Number	Question	Effective Date	Expiration Date
1	BUSINESS NAME		
2	Supervisor Name		
3	Phone# (numbers only)		
4	Your Position		

5	Dates Employed		
6	BUSINESS NAME		
7	Supervisor Name		
8	Phone# (numbers only)		
9	Your Position		
10	Dates Employed		
11	BUSINESS NAME		
12	Supervisor Name		
13	Phone# (numbers only)		
14	Your Position		
15	Dates Employed		

Section 10 - References: 3 PERSONAL

Number	Question	Effective Date	Expiration Date
1	NAME		
2	Relationship		
3	Phone# (numbers only)		
4	NAME		
5	Relationship		
6	Phone# (numbers only)		
7	NAME		
8	Relationship		
9	Phone# (numbers only)		

I certify that 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 point in the future if I am hired. I authorize the verification of any or all information listed above.

Signature_____ Date_____