



Application for Employment

320 N. 120th Ave, Suite 230, Holland, MI 49424
(616) 994-9900

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.

Name		Date
Street Address		E-Mail Address
City	State	ZIP
Home Phone:	Cell Phone:	Social Security Number:

Emergency Contact

Name:	Cell Phone:	Home Phone:
Address	Relationship	

I am applying for a position as a

Have you ever been convicted of a felony?

yes no

If yes, please provide details

Transportation:

Many caregiver positions require the caregiver to transport a client.

Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make, model and year of car	
License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

Availability

Number of hours you would like to work	Times you are available to work	Any times not available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments			



Education

High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/Certificates		
Special skills or courses		

Experience

Discuss any training or experience working with the elderly
What would you like most about working with the elderly?
What would you like least about working with the elderly?

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Companion-ship	<input type="checkbox"/> yes <input type="checkbox"/> no	Vacuuming	<input type="checkbox"/> yes <input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes <input type="checkbox"/> no
Bathing/dressing	<input type="checkbox"/> yes <input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes <input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes <input type="checkbox"/> no
Grooming	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean bathrooms	<input type="checkbox"/> yes <input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes <input type="checkbox"/> no
Incontinence	<input type="checkbox"/> yes <input type="checkbox"/> no	Clean kitchen	<input type="checkbox"/> yes <input type="checkbox"/> no	Driving	<input type="checkbox"/> yes <input type="checkbox"/> no
Transfer assist	<input type="checkbox"/> yes <input type="checkbox"/> no	Bed linen changes	<input type="checkbox"/> yes <input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes <input type="checkbox"/> no



Employment History

Please explain your last five jobs. Use reverse side of sheet if additional space is required.

May we contact your current employer?

yes no

Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	



Business References (people who to have worked with and can speak to your performance)			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

Personal References (people other than family, that understand who you are and what's important to you)			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

CERTIFICATION AND RELEASE: I certify that I have read and understand this application and that my information given are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer-reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment as requested by Lakeshore Senior Care.

I understand that the **hours of employment are not guaranteed; the hours per week may vary significantly from no hours to the scheduled part-time hours.** I understand that clients may die, change their minds, discontinue service and go into the hospital. This uncertainty of hours per week is inherent in working with seniors. I also understand that I will be matched to clients based on personality, interests, availability, geographic proximity and experience.

Signature	Date
-----------	------

For Office Use Only – Interviewer Comments

Lakeshore Senior Care, **320 N. 120th Ave, Suite 230, Holland, MI 49424**

(616) 994-9900

