

Big Heart Senior Care
Caregiver Application for Employment

Phone: (248) 395-3998 • Fax: (248) 928-9007

Today's Date: _____

Personal Information:

Full Applicant Name: _____ Maiden Name (if any): _____

Current Address: _____ City: _____ State: _____ Zip: _____

Previous Address if less than 5 years at Current Address:

_____ City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____ Home Phone: _____

Cell Phone: _____ Email Address: _____

Emergency Contact:

Contact Person Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Employment Information:

Do you have at least (1) year experience with an agency or for a private individual, other than family of friends? Yes _____ No _____

Are you available to work Weekends and/or Holidays?

No _____ Weekends _____ Holidays _____ Both _____ Yes _____ No _____

Shift Preference: _____ When can you start? _____

Select Availability:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Amount of wage now or last paid: _____ Desired hourly wage? _____

Briefly describe your experience as a caregiver: _____

Do you have current CPR certification? Yes _____ No _____ Expiration Date: _____

Have you ever had a TB skin test? Yes _____ No _____ If yes, when last? _____

Are you a legal citizen of the United States of America? Yes _____ No _____

Have you ever been convicted of a felony or a misdemeanor? Yes _____ No _____

If yes, please explain: _____

Do you have your own reliable transportation? Yes _____ No _____

Do you have a valid driver's license? Yes _____ No _____ Driver's License #: _____ State: _____

Please Note: If hired, we will need a copy of your auto insurance and driver's license.

What areas of the Metro Detroit Area can and will you travel? _____

Please describe your skills/strengths/what people like about you, which make you a good candidate to be a Big Heart Caregiver: _____

Qualifications and Education:

Do you have a GED or high school diploma? Yes _____ No _____

If yes, graduation year: _____ If no, what is the highest grade completed? _____

Did you attend college? Yes _____ No _____ If yes, where? _____

What curriculum? _____ Did you graduate? Yes _____ No _____

Are you attending college now? Yes _____ No _____ If yes, where? _____

What curriculum? _____

Why do want to work for Big Heart Senior Care? _____

Employment History:

Company: _____ Date: _____ to _____

Address: _____ Phone: _____

Position: _____ Why did you leave? _____

Work duties: _____

Supervisor Name: _____ May we contact? Yes _____ No _____

Company: _____ Date: _____ to _____

Address: _____ Phone: _____

Position: _____ Why did you leave? _____

Work duties: _____

Supervisor Name; _____ May we contact? Yes _____ No _____

Company: _____ Date: _____ to _____

Address: _____ Phone: _____

Position: _____ Why did you leave? _____

Work duties: _____

Supervisor Name; _____ May we contact? Yes _____ No _____

Professional References (no family or friends):

Name: _____ Phone: _____

How does this person know you? (Ex. co-worker, supervisor, etc.) _____

Name: _____ Phone: _____

How does this person know you? (Ex. co-worker, supervisor, etc.) _____

Personal References:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Name: _____ Relationship: _____

Address: _____ Phone: _____

Certification and Release:

By my signature placed below, I affirm the information provided in this employment application is true and no misrepresentation of myself has been made. I understand that any false information, omissions or misrepresentation of facts will result in rejection of this application and if employed shall be considered sufficient cause for dismissal without any obligation or liability to me other than for payment, at the rate breach of trust while my job application is pending or during my period of employment, if hired.

I authorize Big Heart Senior Care to verify any and all information contained within this application including criminal history, including in the state of Michigan and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to releases 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 authorize the investigation of all statements contained in this application including criminal history, including in the state of Michigan and motor vehicle driving records. . I also authorize Big Heart Senior Care to contact my present employer (unless otherwise noted in this application form), past employers and listed references.

Applicant's Signature: _____ **Date:** _____

Fax application and resume to (248) 928-9007.