

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Driving Information

Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have active auto insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a car? <input type="checkbox"/> Yes <input type="checkbox"/> No	If NO, How would you get to work?
Driver's License No.:	State of Issue: Expiration Date:
Have you had any accidents during the past three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes How many?
Have you had any moving violations during the past three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes How many?

Personal Reference Information

List two personal references. **DO NOT LIST relatives or previous supervisors.**

Name: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher <input type="checkbox"/> Pastor <input type="checkbox"/> Current Client <input type="checkbox"/> Former Client	Name: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher <input type="checkbox"/> Pastor <input type="checkbox"/> Current Client <input type="checkbox"/> Former Client
Company: _____	Company: _____
Address: _____	Address: _____
Telephone where person can be reached 9AM to 5pm _____	Telephone where person can be reached 9AM to 5pm _____

An application form sometimes makes it difficult to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications to be a caregiver. Please note any experience with caregiving professionally, for your parents, spouse, children or friends. Use additional sheets, if necessary.

Why do you enjoy caregiving?

Describe some of your volunteer work:

Please check any Certification(s) you currently process:	<input type="checkbox"/> Certified Nursing Assistant	<input type="checkbox"/> Medication Technician
	<input type="checkbox"/> Certified Medicine Aide	<input type="checkbox"/> CPR certification
	<input type="checkbox"/> Geriatric Nursing Assitant	<input type="checkbox"/> First Aid Certification