

Policyholder Name: _____

Policy Number: _____

PRIVATE CAREGIVER APPLICATION 2

Use Black INK

APPLICANT INFORMATION				
Last Name	First Name	M.I.	Date	
Street Address			Apartment/Unit #	
City	State	Zip		
Phone	E-Mail Address			
Social Security Number	License or Certification Number			
Are You a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No Have You ever been discharged from a Position for abuse, neglect, or theft? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When _____ Have you ever been convicted of a crime other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain _____				
EDUCATION				
High School			Address	
From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	
College			Address	
From	To	Did you Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:	
Caregiver Training			Address	
From	To	Were You Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Certification #	State
REFERENCES				
<i>Please list two care giving references (do not include family or friends)</i>				
Full Name			Relationship	
Company or Client			Phone	
Address				
Full Name			Relationship	
Company or Client			Phone	
Address				

PREVIOUS EXPERIENCE

Company or Client		Phone		
Address		Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	From	To
Responsibilities		Reason for Leaving		
Company or Client		Phone		
Address		Supervisor		
Job Title	Starting Salary \$	Ending Salary \$	From	To
Responsibilities		Reason for Leaving		

CURRENT POLICY HOLDER SERVICES

Extent of Care You are Providing	ADL	Level of Assistance	Day of the Week	Hours of the day
	Bathing			
	Bowel Management			
	Bladder Management			
	Continence Care			
	Dressing			
	Feeding			
	Toileting			
	Transferring			
	Medication Management			
Other				

Average Number of Hours worked a day	Average Number of days worked a week
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DISCLAIMER AND SIGNATURE

I Certify that my answers are true and complete to the best of my knowledge.

Signature _____ Date _____