

Policyowner 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 related to the policyowner by blood or marriage? Yes No If yes, how? _____

Are You a Citizen of the United States? Yes No If no, are you authorized to work in the U.S.? Yes No

Have You ever been discharged from a Position for abuse, neglect, or theft? Yes No
If Yes, When _____

Have you ever been convicted of a crime other than a minor traffic violation? Yes 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 - Please list two care giving references (do not include friends or family)	
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 POLICYOWNER 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. **Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. Equitable Life & Casualty Insurance Company may disclose the contents of your application to the Equitable policyowner, his or her representative(s), Insurance regulators or others as required by law. I acknowledge that Equitable will issue an IRS Form 1099-MISC for tax reporting purposes.**

Signature _____ Date _____