



APPLICATION FOR EMPLOYMENT

Miami Office - 6447 Miami Lakes Drive East, Suite 101A
Miami Lakes, Florida 33014 | Phone: (305) 231-0555

Broward Office - 3350 SW 148 Avenue, Suite 110
Miramar, FL 33027 | Phone: (954) 577-0300

Name:		Date:
Address:		# of years lived here:
City:	State:	Zip:
Previous address if under 5 years:		
Telephone:		Social Security Number:

What Languages Do You Speak:		
Emergency Contact Information:		
Name:		Phone:
Address:		Relationship:
City:	State:	Zip code:
I am applying for a position as: Caregiver <input type="checkbox"/> Office Staff <input type="checkbox"/>		

Have you ever been convicted of any felony or misdemeanor? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, details must be provided here:		

Criminal Background Check to be completed by office staff.		
Results:	No Record <input type="checkbox"/> Record <input type="checkbox"/>	Date:
Details:		

Transportation: Driving positions require caregivers to have a good driving record and valid insurance coverage.		
Do you have an automobile? Yes <input type="checkbox"/> No <input type="checkbox"/>		Make & model:
Auto license number:	State:	Drivers license number:
Insurance company:		Insurance agent phone:
Insurance agent name:		Insurance policy number:

Elite Care At Home is a equal opportunity employer with a policy of non-discrimination on any basis including race, color, age, sex, religion, disability, national origin or marital status.

Applicant Name: _____ Date _____



CAREGIVER APPLICATION FOR EMPLOYMENT



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Because our clients request coverage to fit their personal needs, there is a lot of variety. Please list the earliest start times and latest ending times for each day you are able to work.

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
Start	End	Start	End	Start	End	Start	End	Start	End	Start	End	Start	End

Are you available for Live-In Positions? Yes ☐ No ☐

If answered yes, what overnight days would you prefer?

Education:

High school	City/State:	Dates:
College	City/State:	Dates:
Other:	City/State:	Dates:

Degrees/certificates:

Special skills:

Training(s):

Experience:

Discuss all training or experience with seniors/elderly individuals:

What do you like the most about working with seniors/elderly & disabled individuals?

What do you find the least desirable about working with seniors/elderly & disabled individuals?



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Employment History:

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional information needs to be provided.

May we contact your current employer to verify your employment history?
Yes ☐ No ☐

Company:	From:	To:
Job Title:	Why did you leave?	
Duties:		
Supervisor:	Phone:	

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Job Title:	Why did you leave?	
Duties:		
Supervisor:	Phone:	

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Do you smoke? Yes ☐ No ☐

Personal References:

Name: Address	# of Years Known Describe the Relationship	Telephone #
Office Use Only: Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		
Name: Address	# of Years Known Describe the Relationship	Telephone #
Office Use Only: Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		
Name: Address	# of Years Known Describe the Relationship	Telephone #
Office Use Only: Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		
Name: Address	# of Years Known Describe the Relationship	Telephone #
Office Use Only: Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		
Name: Address	# of Years Known Describe the Relationship	Telephone #
Office Use Only: Verified Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		

NOTES: _____



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Please check the care items you are comfortable and confident providing:

<input type="checkbox"/> Alzheimer's Care	<input type="checkbox"/> Foot Care	<input type="checkbox"/> Shopping/Errands
<input type="checkbox"/> Bathing	<input type="checkbox"/> Hair Care/Shampoo	<input type="checkbox"/> Special Skincare
<input type="checkbox"/> Bedmaking	<input type="checkbox"/> Light Housekeeping	<input type="checkbox"/> Transfer
<input type="checkbox"/> Bedrest Only Care	<input type="checkbox"/> Laundry	<input type="checkbox"/> Transfer W Hoyer lift
<input type="checkbox"/> Companionship	<input type="checkbox"/> Medication reminder	<input type="checkbox"/> Toileting
<input type="checkbox"/> Communication	<input type="checkbox"/> Mouth Care/Dentures	Will you provide care for:
<input type="checkbox"/> Cooking	<input type="checkbox"/> Personal Care	<input type="checkbox"/> Children
<input type="checkbox"/> Diet - Special	<input type="checkbox"/> Positioning in Bed	<input type="checkbox"/> Males
<input type="checkbox"/> Dressing / Underdressing	<input type="checkbox"/> Range of Motion	<input type="checkbox"/> Females
<input type="checkbox"/> Drive - Transport	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Clients with Pets
<input type="checkbox"/> Elimination w/ equipment	<input type="checkbox"/> Shave	<input type="checkbox"/> Smokers

Please answer the following:

1. I arrive at the Client's home and there is no answer, I would _____
2. A Client has asked me to stay one hour later than my assigned shift, I would _____
3. Upon arrival at the Client's home, I find Him/Her on the floor, I would _____
4. Upon arrival at the Client's home, I am asked to leave, I would _____
5. I am comfortable working with Client's that are incontinent: Yes No
6. The Client asks me for my phone number, or asks that I take theirs, I would _____
7. The Client asks me to work on a day that I am not scheduled, I would _____

Are You Legally Eligible For Employment In The U.S.A.?

☐ Yes

☐ No

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "At Will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "At Will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer. I realize that I am expected to become oriented to the company's policies and procedures. I give permission to use my photograph for my employee identification and to maintain the photo image in the computer database. I agree that \$24 will be deducted from my first paycheck for processing and compliance with criminal history investigation. I understand also, that I am responsible to inform my employer of changes of address, telephone number or other means of contact.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Applicant's signature:

Date: