

Have you ever been convicted of, or plead guilty or no contest to, a misdemeanor or felony in this state or any other?

_____ Yes _____ No

If yes, please explain:

Employment Information

Have you ever worked for us before? _____ Yes _____ No

Are you currently working? _____ Yes _____ No If yes, for which agency? _____

How long have you been a caregiver or CNA? _____

Do you have experience with Dementia or Alzheimer's? If yes, how many years? _____

Do you have experience transferring with a gait belt? _____ yes _____ No

Please list any caregiver responsibilities you would NOT be able to perform: _____

What area are you willing to travel to? (Check all that apply)

- _____ City of Chicago
- _____ Western Cook County (LaGrange, Western Springs, Countryside, Brookfield, LaGrange Park, etc.)
- _____ Southern Cook County (Orland Park, Oak Lawn, Hickory Hills, Homer Glen, etc.)
- _____ East DuPage County (Lisle, Naperville, Downers Grove, Wheaton, etc.)

What hours are you available to work?

	<i>Morning</i>	<i>Evening</i>	<i>Overnight</i>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

Shift preference: _____ Live-in _____ Overnights _____ Part-time _____ Full-time

How many hours per week are you able to work? _____

Are you available to work every other weekend? _____ Yes _____ No

Date available to begin work: _____

Employment History

1) *Employer Name:* _____ *City/State:* _____
Position Held: _____ *Name of Supervisor:* _____
Date started: _____ *Date ended:* _____
Starting wage: _____ *Ending wage:* _____
Reason for leaving: _____ *May we contact them?* _____ Yes _____ No

2) *Employer Name:* _____ *City/State:* _____
Position Held: _____ *Name of Supervisor:* _____
Date started: _____ *Date ended:* _____
Starting wage: _____ *Ending wage:* _____
Reason for leaving: _____ *May we contact them?* _____ Yes _____ No

3) *Employer Name:* _____ *City/State:* _____
Position Held: _____ *Name of Supervisor:* _____
Date started: _____ *Date ended:* _____
Starting wage: _____ *Ending wage:* _____
Reason for leaving: _____ *May we contact them?* _____ Yes _____ No

Education

High School: _____ City/State: _____ Year graduated: _____

College: _____ City/State: _____
From: _____ To: _____ Degree: _____

CNA Program: _____ City/State: _____
From: _____ To: _____ Certificate: _____

References (2 Work and 1 personal)

Name: _____
Relationship: _____

Phone: _____

Name: _____
Relationship: _____

Phone: _____

Name: _____
Relationship: _____

Phone: _____

Emergency Contact

Name: _____
Address: _____

Home Phone: _____
Cell Phone: _____

Agreement and Signature

Employment Eligibility: Immigration Act

I understand that, if hired, I will be required to present documentary evidence proving that I am currently authorized to work in the United States either by proof of US citizenship, Permanent Resident Card (Green Card) or Employment Authorization Card. I also understand that my continued employment is contingent upon my providing the necessary documentation within the prescribed timeframes.

Authorization and Understanding

I certify that the information given herein is true and complete without qualification. I understand that BlueSky Home Care & Transportation will review the information given on this application and, if initial criteria are satisfied, will call me to schedule an in-person interview at the agency office. I understand and acknowledge that, if hired, BlueSky can terminate my employment if I have provided incomplete, inaccurate, untrue or misleading information on this application or on any other document or form at any time during my employment. I agree to conform to the rules and regulations of BlueSky Home Care & Transportation and, if employed, I understand and agree that my employment is at-will and that no employment contract rights have been created. I also understand and agree that my employment may be terminated at any time with or without cause, and with or without advance notice at the option of either BlueSky Home Care & Transportation or myself.

Signature: _____

Date: _____