



Caregiver Application

Date:

Name:	Phone Number:
Social Security or ITIN: (Circle one & provide number)	DOB:
Address:	Email Address:
<p>Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a reliable vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you using an ITIN Number? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally permitted to work in the US? _____</p> <p>Have you been convicted of a DUI? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have criminal history that would appear on a background check? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain _____</p>	<p>How did you hear of EGIS? _____ _____</p> <p>Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, where _____ _____</p> <p>Have you worked as part of a caregiver team? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you had the Covid-19 Vaccination? ___ One ___ Both _____ Date</p> <p>Have you had the Covid-19 booster? _____ Date</p> <p>Last Covid-19 Test: _____</p>



Work Experience:

Direct Experience = E Willing to Learn = W

E W **Personal Care** (ADLs)- Assistance with dressing, bathing, grooming, transfers, feeding, ambulation

E W **Gait Belt/Hoyer Lift**

E W **End of Life Care/ Hospice Experience**

E W **Dementia Care-** supervision, redirection, companionship

E W **Meal Preparation**

E W **Light Housekeeping**

E W **Shopping/Errands**

E W **Transportation**

E W **Activities/Recreation programming**

Certifications:

C.N.A. License

Tuberculosis Test

Registered Nurse

LVN/LPN Certification

HHA Certification

First Aid Certification

CPR Certification

Medtech

Education:

High School Education

College Education

Are you ok with Cats? Y N

Are you ok with Dogs? Y N

Are you ok with client smoking? Y N

Are you open to Live-in Shifts? Y N

Can you lift 50 pounds? Y N

Availability:

When can you work?

Day Night **Monday**

Day Night **Tuesday**

Day Night **Wednesday**

Day Night **Thursday**

Day Night **Friday**

Day Night **Saturday**

Day Night **Sunday**

Short shifts? 3 to 6 hours? _____

Long shifts? 12hrs _____ 24hrs _____

Comments:

Egis notes: *(Leave this blank)*



ALL Work History for Last 5 years (Please include family caregiving work)

1. Employer: _____ Start Date: _____ Stop Date: _____

Position: _____

Duties: _____

Supervisor: _____

2. Employer: _____ Start Date: _____ Stop Date: _____

Position: _____

Duties: _____

Supervisor: _____

3. Employer: _____ Start Date: _____ Stop Date: _____

Position: _____

Duties: _____

Supervisor: _____

4. Employer: _____ Start Date: _____ Stop Date: _____

Position: _____

Duties: _____

Supervisor: _____

EMPLOYMENT SUPERVISOR REFERENCES:

Name: _____ Position: _____

Business name: _____ Phone number: _____

Name: _____ Position: _____

Business name: _____ Phone number: _____

Name: _____ Position: _____

Business name: _____ Phone number: _____