



Caring Solutions

1990 N. California Blvd, Suite 830
Walnut Creek, CA 94596

Application for Employment

Have you applied to Caring Solutions before?

How did you hear about us?

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin or marital status.

Name

Date

Street Address

Phone

Social Security #

Email Address:

Date of Birth:

Emergency Contact (name, address, relationship, phone number)

Availability: Tell us the times that you are available, the number of hours you would like to work, and the times you are *not* available.

Can you be called at the last minute in case of emergency? Yes/No

Transportation:

Do you have a car? Yes/No

Make and Model

License Plate #

Driver's License #

Insurance Company

Agent's Name and Phone Number

Education: City

Date

High School

College

Other

Degrees/Certifications/Special Skills/ Courses:

Describe your experience in working with the elderly or disabled:

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Employment History: Tell us about your work history for at least 5 years. Use additional pages, if necessary. May we contact your current employer? ___ Yes ___ No

Company	From:	To:
Job Title	Reason Left:	Duties:
Supervisor:	Phone:	

Company	From:	To:
Job Title	Reason Left:	Duties:
Supervisor:	Phone:	

Company	From:	To:
Job Title	Reason Left:	Duties:
Supervisor:	Phone:	

Employer References:

Name:	Address:	Relationship/Years Known	Phone #:
Name:	Address:	Relationship/Years Known	Phone #:
Name:	Address:	Relationship/Years Known	Phone #:

Personal References:

Name:	Address:	Relationship/Years Known	Phone #:
Name:	Address:	Relationship/Years Known	Phone #:
Name:	Address:	Relationship/Years Known	Phone #:

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Do you know of any other excellent caregivers who might also like to work with us?

Name	Phone Number

Certification and Release:

I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize Caring Solutions, Inc., and/or its agents, including consumer-reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If the policies of Caring Solutions, Inc. require, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature:	Date:
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We will be in touch with you shortly after we receive your completed application. You can return the application to us by:

1. Mailing it to us at: 1990 N. California Blvd, Suite 830, Walnut Creek, CA 94596
2. Faxing it to us at (925) 935-9509

Thank you for your interest in working with us!

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