

Caring Solutions 1844 San Miguel Drive, Suite 108 Walnut Creek, CA 94596	Application for Employment
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Note: 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	
Mailing Address, including Apt/Unit #, if any	City	State	Zip
Home Phone	Cell Phone	Email Address	
Emergency Contact (name, address, relationship, phone number)		Your Social Security #	

Availability: Tell us the days and times that you are available:

How many hours per week would you like to work? _____ hours
 Can you be called at the last minute in case of emergency? Yes/No
 Are you interested in hourly work? Yes/No Live-In work? Yes/No

Transportation: Do you own a car that is insured and runs well? Yes/No	Make and Model
License Plate #	Driver License #

Education: School and City High School College Other
Degrees/Certifications/Special Skills/ Other Languages Spoken: Are you a CURRENTLY licensed CNA? Yes/No If no, have you been licensed in the past? Yes/No
Describe your experience in working with the elderly or disabled: (including specific duties – transferring, personal care, cooking, transportation, Hoyer lifts, etc.)

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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:	Duties:
Job Title:	Reason Left:		
Supervisor:	Phone:	Ending Salary:	

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Job Title:	Reason Left:		
Supervisor:	Phone:	Ending Salary:	

Personal References:

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

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Have you ever been convicted of a criminal offense (felony or misdemeanor)? YES / NO
If YES, please list. (Exception: per California law, convictions for the possession of marijuana that are more than two years old need not be listed.) _____

From what source did you find out about Caring Solutions? _____

Do you know of anyone else who might be interested in working with Caring Solutions?

Name	Phone

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. I understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at the option of the company or me.

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 mailing it to us at 1844 San Miguel Drive, Suite 108, Walnut Creek, CA 94596 or faxing it to us at (925) 935-9509.

We look forward to hearing from you!

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