



Date Received: _____

CAREGIVER APPLICATION

Welcome! When you return your completed application, please bring the items listed on the cover letter with you. Caregiver applicants are required to undergo a criminal background check*. ALL INFORMATION WILL REMAIN CONFIDENTIAL. We are an equal opportunity employer.

◆ PLEASE PRINT ◆

PERSONAL AND GENERAL INFORMATION

Name: _____
Last Name First Name Middle Name

Address: _____
Number/Street City State Zip Code

Mailing Address (If Different): _____
Number/Street City State Zip Code

Home Phone _____ Cell Phone: _____ Message Phone: _____

E-mail: _____ Are you 18 years of age or older? Yes No

List other names and aliases you have been known by: _____

Placement you are seeking: Full Time Part Time Relief Hours preferred per week: _____

Certifications/Licenses*: Certified Caregiver CNA NAR Other: _____

*Please include copy of any license(s) with your application

Has your license ever been limited, suspended, or revoked? No Yes – please explain: _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration status*? No Yes

*Proof of citizenship or immigration status will be required upon acceptance of application

Have you ever applied here before? No Yes – please give date(s) _____

Do you have family members or friends employed at Elder Options? No Yes – please list names: _____

PERSONAL REFERENCES

A minimum of three (3) references, including complete mail addresses, is required. Do NOT use family members or past supervisors.

NAME	ADDRESS - City, State, Zip	RELATIONSHIP	TELEPHONE

TRANSPORTATIONS

Some clients require transportation. Do you have a current Driver's License? Yes No Proof of auto insurance? Yes No

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone Number: _____

Alternate Name: _____ Relationship: _____ Phone Number: _____



***Criminal background checks for persons who now, or have previously resided and/or worked in the states of Washington and/or Oregon are obtained through Washington and Oregon State Patrol agencies.**

EDUCATION

SCHOOL	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	YEAR GRADUATED
High School				
Undergraduate / College				
Graduate / Professional				
Other – Specify				

SPECIALIZED EXPERIENCE, VOLUNTEER WORK, TRAINING/SKILLS

Indicate months/years of experience for all that apply – for example: 6 mo. Cancer; 2 yrs. Stroke

<input type="checkbox"/> _____ Time Frame	<input type="checkbox"/> _____ Time Frame	<input type="checkbox"/> _____ Time Frame	<input type="checkbox"/> _____ Time Frame
<input type="checkbox"/> _____ Aggressive Behavior	<input type="checkbox"/> _____ Drive Own Car	<input type="checkbox"/> _____ Medication Assistance	<input type="checkbox"/> _____ Skin Care
<input type="checkbox"/> _____ Bathing	<input type="checkbox"/> _____ Drive Client Car	<input type="checkbox"/> _____ Memory Loss	<input type="checkbox"/> _____ Stand By Assist
<input type="checkbox"/> _____ Catheter Care	<input type="checkbox"/> _____ End of Life Care	<input type="checkbox"/> _____ Non-Sterile Dressing Changes	<input type="checkbox"/> _____ Use of Lift Aides
<input type="checkbox"/> _____ Colostomy Care	<input type="checkbox"/> _____ Feeding Tube Care	<input type="checkbox"/> _____ Oral Care	<input type="checkbox"/> _____ Use of Mobility Aides
<input type="checkbox"/> _____ Cooking	<input type="checkbox"/> _____ Full Transfer	<input type="checkbox"/> _____ Pericare	<input type="checkbox"/> _____ Vital Signs
<input type="checkbox"/> _____ Cooking for Special Diets	<input type="checkbox"/> _____ Grooming	<input type="checkbox"/> _____ Positioning	<input type="checkbox"/> _____ Documentation
<input type="checkbox"/> _____ Hoyer Lift	<input type="checkbox"/> _____ Quad Card	<input type="checkbox"/> _____ Dressing	<input type="checkbox"/> _____ Laundry/Iron
<input type="checkbox"/> _____ Redirecting			

What work duties are you **NOT** willing to do? _____

INTERESTS / HOBBIES

Please list any skills, hobbies, or other activities that would contribute to your proficiency as a caregiver. Many 12- and 24-hour jobs include considerable amounts of unstructured time, and leisure time participation with the client is important. Please indicate activities you enjoy and/or are able to teach to someone else.

<input type="checkbox"/> Board / Card Games	<input type="checkbox"/> Crafts	<input type="checkbox"/> Hairdressing	<input type="checkbox"/> Reading to Client
<input type="checkbox"/> Conversationalist	<input type="checkbox"/> Crocheting / Knitting	<input type="checkbox"/> Manicures	<input type="checkbox"/> Sewing
<input type="checkbox"/> Cooking / Baking	<input type="checkbox"/> Gardening	<input type="checkbox"/> Puzzles	<input type="checkbox"/> Other: _____

What meals do you typically cook at home? _____

How would you rate your cooking skills? Excellent Good Average TV dinners

Are you comfortable cooking from scratch or do you prefer using prepared foods? _____

How would you describe your personality (quiet, bubbly, humorous)? _____

MEDICAL

Due to the fact we match client needs with caregiver abilities, please list any physical or mental limitations and/or impairments that would have a direct effect on providing care to clients. For example: cannot lift more than 10 pounds due to back. On medication and cannot drive while taking it.

WORK HISTORY**▶ List present or most recent job first. Please fill in ALL areas requested.****D**

Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			
Explain Time Between Jobs:			

Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			
Explain Time Between Jobs:			

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Employer:	From:	To:	Wage: \$
Address:	Job Title:		
City/State/Zip:	Job Duties:		
Phone:	Supervisor:		
Reason for Leaving:			

Caregiving requires a high degree of dependability. Describe why you feel you are dependable. Give Examples. _____

AVAILABILITY Indicate (1) for first choice, (2) second choice; up to (5) in order of preferred shifts:

<input type="checkbox"/> Days	<input type="checkbox"/> Evenings (specify time; example: after 6 p.m.)	<input type="checkbox"/> On-Call
<input type="checkbox"/> 12-Hour Daytime Shift	Available Time – After: _____ p.m.	<input type="checkbox"/> Holidays
<input type="checkbox"/> 12-Hour Sleep Night Shift	<input type="checkbox"/> 12-Hour Awake Night Shift	<input type="checkbox"/> 24-Hour Shift

TELL US ABOUT YOU

Please tell us about any caregiving experience you have that is not included in your work history. Also include how long you performed those tasks. (Example: Caregiving for parents or volunteer work.)

DISCLOSURE STATEMENT

Applicants, employees, and registrants of this organization are subject to state laws that protect the clients we work with: vulnerable adults and the elderly. You are required to sign this statement as part of our screening process, and annually thereafter as a requirement of employment.

WHAT WILL DISQUALIFY A PERSON FROM WORKING WITH VULNERABLE ADULTS?

1. If your record shows a conviction for the following crimes, you are automatically disqualified:

- | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Aggravated Murder • Arson 1st Degree • Assault 1st Degree • Assault 2nd Degree • Assault 3rd Degree • Assault 4th Degree (Simple Assault) • Assault of Child 1st Degree • Assault of Child 2nd Degree • Assault of Child 3rd Degree • Burglary 1st Degree • Child Abandonment • Child Abuse or Neglect as defined in RCW 26.44.020 • Child Buying or Selling • Child Molestation 1st Degree • Child Molestation 2nd Degree • Child Molestation 3rd Degree | <ul style="list-style-type: none"> • Communication with a Minor for Immoral Purposes • Criminal Abandonment • Criminal Mistreatment 1st Degree • Criminal Mistreatment 2nd Degree • Custodial Assault • Custodial Interference 1st Degree • Custodial Interference 2nd Degree • Extortion 1st Degree • Extortion 2nd Degree • Extortion 3rd Degree • Felony Indecent Exposure • Forgery • Incest • Indecent Liberties • Kidnapping 1st Degree • Kidnapping 2nd Degree • Malicious Harassment | <ul style="list-style-type: none"> • Manslaughter 1st Degree • Manslaughter 2nd Degree • Murder 1st Degree • Murder 2nd Degree • Patronizing a Juvenile Prostitute • Promoting Pornography • Promoting Prostitution 1st Degree • Prostitution • Rape 1st Degree • Rape 2nd Degree • Rape 3rd Degree • Rape of Child 1st Degree • Rape of Child 2nd Degree • Rape of Child 3rd Degree • Robbery 1st Degree • Robbery 2nd Degree • Selling or Distributing Erotic Material to Child | <ul style="list-style-type: none"> • Sexual Exploitation of Minor • Sexual Misconduct with Minor 1st Degree • Sexual Misconduct with Minor 2nd Degree • Theft 1st Degree • Theft 2nd Degree • Theft 3rd Degree • Unlawful Imprisonment • Vehicular Homicide (Negligent Homicide) • Violation of Child Abuse Restraining Order • Mfg. and/or Delivery of Controlled Substance • Possession with Intent to Manufacture and/or Deliver Controlled Substance |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. If your record shows that you have been convicted (in any state) of a crime that is equivalent to a crime on the list above or a crime that has been renamed, you may be disqualified or terminated.
3. If a court, state department, disciplinary board, or dependency action has found that you have abuse, neglected, exploited, or sexually abused any minor or vulnerable adult, you are automatically disqualified from employment and/or placement through this organization.
4. If your record shows that you have been convicted of other crimes related to care of vulnerable adults or children, you may be disqualified from employment and/or placement through this organization.
5. Have you ever been arrested or convicted of any of the crimes listed above? No Yes – Please describe: _____

Signature: _____ Date: _____

PLEASE READ CAREFULLY

• *This application form is utilized by Retirement Resources, Inc., Affordable Home Care Agency®, and private employers for the purpose of screening applicants •*

I hereby certify that the information I have provided on my employment application is true and complete to the best of my knowledge. I give permission to have any of my statements verified. I authorize the interviewer to solicit information regarding my character, general reputation, criminal record, driving record, previous employment, and similar background information; and he/she may contact any and all former employers and references I have listed on my application. Additional information about the nature and scope of such inquires, if made, will be provided upon request. I also authorize my former employers and references to disclose such information to prospective employers without providing me with prior notice. In addition, I release, indemnify, and hold harmless the former employers I have listed on this application, and any persons or entities acting on their behalf, from all claims, liabilities, and damages for any reason arising from furnishing such information. If placed, I release Retirement Resources, Inc., from any liability for future references that may be provided regarding my work history. _____ *Initial*

I understand that Retirement Resources, Inc., will refer me to a regional caregiver referral service for placement. I understand that submitting this application places me under consideration for work in a variety of elder care environments and with a variety of employers, and that I may accept or refuse any referral. I acknowledge that any client(s) for whom I am under contract to provide services will make final determinations regarding the quality, terms, status, and/or termination of my service. I understand that this application is *not* a contract of placement. _____ *Initial*

I understand that Retirement Resources, Inc., provides a drug-free workplace, and that my employment may be contingent upon passing a pre- or post-placement physical assessment and/or a drug test. I freely and voluntarily agree to take urine and/or other drug test(s) as part of the employment process. I understand that refusal to undergo urine and/or other drug testing, tampering with and/or failing to cooperate with the testing process, or positive test results will disqualify me from further consideration for placement or referral. I also agree to participate in random drug/alcohol testing*. _____ *Initial*

I understand my employment is contingent upon proof of identity and verification of eligibility for employment in the United States, in accordance with the Immigration Reform and Control Act of 1986. I also understand that I will be required to undergo a criminal background check as required by the State of Washington to work with the elderly and infirm, and agree to do so every two years or as directed. _____ *Initial*

By signing below, I am affirming that the statements I have made in this application, plus any additional written or oral information I have provided (such as in a resume or interview) are true, and that I have not omitted anything about myself which might be important to the placement process. I understand that any false or misleading statement, misrepresentation, or material omission is sufficient grounds for rejection of this application, and/or termination of employment, and/or disqualification from the registry or employment from Retirement Resources, Inc. _____ *Initial*

I agree to hold all information I learn about my clients in strict confidence. This agency conforms to federal regulations (HIPAA) protecting client confidentiality. I will be held responsible and can be terminated if I breach confidentiality rules that protect my client's privacy. This includes written, electronic, and oral information that I may learn in the course of my workday. _____ *Initial*

I willfully sign this application form and attest that the information I have provided herein is correct. I also attest that I have not been convicted of any crimes listed in this application in this or any other state or foreign country. _____ *Initial*

I attest under penalty of perjury that I can legally work in the United States either by citizenship, lawful permanent resident, or alien authorization.

Date: _____ Applicant Signature: _____

**Drug/alcohol tests require a \$40 deposit from the applicant. In the event of a positive test, you will forfeit this deposit. If any future test result is positive or if you refuse a test, you will be responsible for payment for all drug/alcohol testing.*

Please Return or Mail Completed Form to:

ELDER OPTIONS ♦ 872 15th Avenue, Longview, WA 98632 ♦ Phone: 360-636-1000