



Application for Employment

FILL OUT APPLICATION COMPLETELY AND
RETURN AS SOON AS POSSIBLE TO:
Home Buddies™

PERSONAL INFORMATION

Date _____ Social Security Number _____

Name _____ Age _____ Sex _____
Last First Middle

Present Address _____
Street City State Zip

Permanent Address _____
Street City State Zip

Home Phone: _____ Cell Phone: _____ Other phone or Pager: _____

Own Home: _____ Rent: _____ Board: _____

Date of Birth: _____ Height: _____ Weight : _____ Color/Hair: _____ Color/Eyes: _____

Married: _____ Single: _____ Widowed: _____ Divorced: _____ Separated: _____

Number and Ages of Children: _____

Dependents (other than Wife or Children) _____ U.S. Citizen _____

EMPLOYMENT DESIRED

Please check appropriate boxes

What position are applying for?:

- Caregiver for Elderly?
- Child Care Worker? Nanny Other: _____
- Have you ever worked in a private home?
- As an eldercare worker? As a child care worker? As a housekeeper? Other: Explain _____

Have you been certified as a: Health Aid? Nursing Assistant?

LPN RN Other: Explain _____

Are you interested in:

- Full Time Part Time Full Time Live-In

DAYS AND HOURS AVAILABLE TO WORK

	AM	PM
M		
T		
W		
Th		
F		
S		
Su		

EDUCATION

Education	Name and Location of School	Years Attended	Date Graduated
Grammar School			
High School			
College			
Nursing Training (C.N.A, Nurses Aid or any other)			
Child Care Education or Courses			

Do you speak a foreign language?

U.S. Military or Naval Service: Rank: Present Membership in National Guard or Reserves

Activities other than Religious (civic, Athletic, Fraternal, etc.)

FORMER EMPLOYERS List below your last four patients or agencies whom you've worked for (hands on), starting with last one first. If you have ever worked as a Nanny or a Child Care Worker please put these employers and references under section titled, FORMER EMPLOYERS: NANNY PLACEMENT AND CHILD CARE WORKERS.

Date Month and Year	**Name, Address & Phone of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES: Give below the names of three persons (Not Related to You) whom you have known at least one year.

Name	**Phone # and Address	Business	Years Acquainted
1.			
2.			
3.			

****MUST HAVE**

Are you employed now? _____ If so, may we inquire of your present employer? _____

Date You Can Start: _____ Salary Desired _____

Will You Receive a Satisfactory Reference From Your Current and/or Former Employers? _____

If No, Please Explain: _____

Have You Ever Been Fired or Asked To Resign From A Previous Employer? _____

If Yes, Please Explain: _____

PHYSICAL RECORD:

List Any Physical Defects: _____

Were You Ever Injured? _____ Give Details: _____

Have You Any Defects In Hearing? _____ Vision? _____ Speech? _____

Please write about yourself, the size of your family, where you grew up, and your personality type.

In Case of Emergency Notify: _____
 Phone # _____ Name _____ Address _____

ADDITIONAL QUESTIONS:

1.	When are you available to begin work?			
2.	What phone number are you available between 10 am and 4pm?			
3.	How many minutes are you willing to travel to work?			
4.	What minimum starting salary are you looking for?			
5.	Do you smoke?	Yes	No	
6.	Can you tolerate a smoking environment?	Yes	No	
7.	Do you object to pets?	Yes	No	
8.	Do you have allergies or any health problems that we should be aware of?	Yes	No	Explain
9.	Have you ever been under the care of a psychiatrist for a psychologist	Yes	No	Explain
10.	Do you have any religious preferences regarding an employer?	Yes	No	
11.	Do you own an automobile?	Yes	No	
12.	Do you possess a valid driver's license?	Yes	State of:	License #:
		No		
13.	Are you certified in CPR?	Yes	No	
14.	Would you be interested in attending a CPR course?	Yes	No	
15.	What hobbies do you enjoy?			
16.	Where did you see our ad?			
17.	Have you ever been convicted of a felony or crime?	Yes	No	
18.	Has your driver's license ever been revoked or suspended?	Yes	No:	If so explain
19.	List all violations and accidents in the past 5 years.			
20.	Can you submit verification of your legal right to work in the United States?	Yes	No	
21.	Have you ever worked taking care of children, elderly or done housekeeping?	Yes	No	
22.	Have you ever done "hands on" care of a patient?	When	Where	
23.	Do you have experience in running a household?	Yes	No	If yes explain:
24.	Can you prepare meals? Rate Your Skill/	Poor	Average	Excellent
Put a check by any of the following that you are willing to perform:				Dusting
Laundry:	Vacuum:	Mopping:	Changing Bedding:	
Driving:	Giving Medication	Cleaning Bathrooms	Moderate Lifting	
Running Errands:	Bathing:	Changing diapers	Lifting Dead Weight	

FORMER EMPLOYERS: NANNY PLACEMENT AND CHILD CARE WORKERS Fill out the following if you have been a Nanny or have Child Care Experience. List below your last four employers, starting with last one first.

Date Month and Year	**Name, Address & Phone of Employer	Salary	Position	Reason for Leaving
From: To:				
From: To:				
From: To:				
From: To:				

****MUST HAVE**

NANNY AND CHILD CARE REFERENCES: Give Below the Names of Three Persons (Not Related to You) Whom You Have Known At Least One Year

Name	**Phone # and Address	Business	Years Acquainted
1.			
2.			
3.			

ADDITIONAL QUESTIONS FOR NANNY OR CHILD CARE PLACEMENT

- 1. Are you able to care for infants, toddlers and adolescents? Yes _____ No _____
- 2. Do you feel confident enough in your driving skills to transport children in a vehicle?
Yes _____ No _____
- 3. Are you willing to care for children who may have special learning disabilities, behavioral or learning problems? Yes _____ No _____
- 4. Do you feel you can run a household of 1 2 _____ 3 ___ or more children? Yes _____
No _____
- 5. Have you ever been arrested for a child-related crime? Yes _____ No _____
- 6. Have you ever been convicted of a child-related crime? Yes _____ No _____

Please list your addresses for the past seven years (include street, city, county and state).

- 1. _____

- 2. _____

- 3. _____

- 4. _____

- 5. _____

- 6. _____

- 7. _____

I certify that the facts contained in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information that they may have personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I further authorize you to provide this form or any information contained on this form to any prospective employer using the services of this agency.

Name _____ Date of Birth _____

Date: _____ Signature: _____