

Caregiver Job Application Form

Excellent Caregivers Home Care LLC - Pennsylvania

SECTION 1: PERSONAL INFORMATION

Full Name:

Date of Birth:

Social Security Number:

Phone Number:

Email Address:

Home Address (Street, City, State, Zip):

SECTION 2: EMPLOYMENT ELIGIBILITY

Are you legally eligible to work in the United States? ☐ Yes ☐ No

Do you have a valid government-issued photo ID? ☐ Yes ☐ No

Do you have a valid Social Security card? ☐ Yes ☐ No

SECTION 3: POSITION DETAILS

Position Applied For: ☐ Full-Time ☐ Part-Time ☐ Live-In

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Available Start Date:

Days Available: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Time Availability: ☐ Mornings ☐ Afternoons ☐ Evenings ☐ Overnight

Are you willing to work holidays or weekends? ☐ Yes ☐ No

Do you have reliable transportation? ☐ Yes ☐ No

Do you own a vehicle with valid insurance? ☐ Yes ☐ No

SECTION 4: EDUCATION BACKGROUND

High School Name & Year Graduated:

College / Vocational Training (if applicable):

Certifications: ☐ CPR ☐ First Aid ☐ HHA ☐ CNA ☐ PCA ☐ Dementia Care ☐ Other

Certification Numbers (if applicable):

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Expiry Date(s):

SECTION 5: EMPLOYMENT HISTORY

Employer #1: Name, Supervisor, Phone, Position, Dates, Duties, Reason for Leaving

Employer #2: Name, Supervisor, Phone, Position, Dates, Duties, Reason for Leaving

SECTION 6: REFERENCES

Reference #1: Name, Relationship, Phone

Reference #2: Name, Relationship, Phone

SECTION 7: BACKGROUND SCREENING CONSENT

Do you authorize a background check? ☐ Yes ☐ No

Have you ever been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If yes, please explain:

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Have you ever been investigated for abuse/neglect? ☐ Yes ☐ No

SECTION 8: EMERGENCY CONTACT INFORMATION

Full Name, Relationship, Phone Number, Alternate Number

SECTION 9: PHYSICAL & HEALTH INFORMATION

Are you able to lift 25 lbs or more? ☐ Yes ☐ No

Medical conditions that affect performance? ☐ Yes ☐ No

If yes, explain:

TB Test within 12 months? ☐ Yes ☐ No

COVID-19 Vaccinated? ☐ Yes ☐ No

SECTION 10: APPLICANT DECLARATION

I certify all information provided is accurate. I understand misrepresentation may lead to dismissal.

Signature of Applicant: _____

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Date: 04/21/2025
