



6340 N. Green Bay Avenue  
Glendale, WI 53209  
(414) 352- 9040

## EMPLOYMENT APPLICATION

Please complete this application as completely and accurately as possible.

### PERSONAL INFORMATION

Name: Last First Middle

Address

City State Zip Code

Are you over the age of 18? ☐ Yes ☐ No

Are you a US Citizen? ☐ Yes ☐ No If no, do you have the legal  
right and necessary documents to work in the US? ☐ Yes ☐ No  
(Identity and employment eligibility will be verified as required by law.)

Today's Date

Social Security Number

Home Telephone Number

Cell Phone Number

E-Mail Address

CNA Certificate #

### EMPLOYMENT INFORMATION

Position Desired \_\_\_\_\_ ☐ Part time ☐ Full time Shift Preference \_\_\_\_\_

Salary Requirement \_\_\_\_\_ Date available for work \_\_\_\_\_

Do you possess a valid driver's license? ☐ Yes ☐ No

Driver's License Number \_\_\_\_\_ State of Issue \_\_\_\_\_ Exp Date: \_\_\_\_\_

Do you have your own transportation? ☐ Yes ☐ No

If NO, How would you get to work? \_\_\_\_\_

Do you have active Auto Insurance? ☐ Yes ☐ No

Have you had any accidents during the past three years? ☐ Yes ☐ No How many? \_\_\_\_\_

Have you had any moving violations during the past three years? ☐ Yes ☐ No How many? \_\_\_\_\_

Have you applied here before? ☐ Yes ☐ No If so, when? \_\_\_\_\_

How were you referred to us? ☐ Classified adv. Where did you see adv.? \_\_\_\_\_

☐ Employee of this Agency Please give us their name \_\_\_\_\_

☐ Other Please tell us \_\_\_\_\_

### QUALIFICATIONS & EXPERIENCE

Education:

High School \_\_\_\_\_

College/Technical Training \_\_\_\_\_

Nursing School \_\_\_\_\_

Technical Training \_\_\_\_\_

Languages spoken in addition to English \_\_\_\_\_

Did you graduate?

☐ Yes ☐ No \_\_\_\_\_

☐ Yes ☐ No \_\_\_\_\_

☐ Yes ☐ No \_\_\_\_\_

☐ Yes ☐ No \_\_\_\_\_

Have you ever worked under a different name? ☐ Yes ☐ No

If Yes, What was it for and what was the reason?

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Do you have any relatives or friends that work for the Company? ☐ Yes ☐ No

If YES, what is their name?

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Why do you want to work for this agency?

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Why do you enjoy CAREgiving?

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Describe some of your volunteer work:

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## SKILL INFORMATION

How would you rate yourself on your experience with the following aspects of Caregiving?

1= No Experience

2=Some Experience

3=Good Experience

4=Excellent Experience

Companionship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Meal Preparation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Light Housekeeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Bathing/Showering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Dressing/Grooming	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Transferring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Incontinence Care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Dementia/Alzheimer's Care	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Hoyer Lift	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Tube Feeding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## CERTIFICATIONS/LICENSES

Please check any Certification(s) you currently process (please provide copy of certificate):

- |  |  |
|--|--|
| <input type="checkbox"/> Certified Nursing Assistant | <input type="checkbox"/> Medication Technician   |
| <input type="checkbox"/> Certified Medicine Aide     | <input type="checkbox"/> CPR Certification       |
| <input type="checkbox"/> Geriatric Nursing Assistant | <input type="checkbox"/> First Aid Certification |

## PAST & PRESENT EMPLOYERS

**Current Employer:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Date started \_\_\_\_\_  
May we contact? ☐ Yes ☐ No Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

**Past Employers:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact? ☐ Yes ☐ No Supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Position \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Salary \_\_\_\_\_  
May we contact? ☐ Yes ☐ No Supervisor \_\_\_\_\_  
Date started \_\_\_\_\_ Date ended \_\_\_\_\_ Reason for leaving \_\_\_\_\_

**REFERENCES** (Give work or medical field related references. Do not list relatives or personal friends.)

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ How I know \_\_\_\_\_  
\_\_\_\_\_ Zip \_\_\_\_\_ Years acquainted \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Address \_\_\_\_\_ Relationship to you \_\_\_\_\_

*"I certify that the facts contained in this application are true and complete and to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed above to give you any and all information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you."*

Signature \_\_\_\_\_ Date \_\_\_\_\_