



Date \_\_\_\_\_

# Supportive Home Care Attendant Information Sheet

Name \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: (optional) \_\_\_\_\_

Email address : \_\_\_\_\_

## Personal Information

Do you have your own transportation?      Yes      No  
 Do you have a valid driver's license?      Yes      No      Driver's License #: \_\_\_\_\_  
 Have you ever been convicted of a felony?      Yes      No  
 If yes, please explain:

\_\_\_\_\_

Are you a U.S. Citizen?      Yes      No  
 If no, do you have an alien registration card- work permit?      Yes      No  
 Are you comfortable working with people who are non-verbal?      Yes      No  
 What types of Personal Care issues are you comfortable working with?

Do you have any First Aid/CPR training?      Yes      No      Do you smoke?      Yes      No  
 Can you lift or transfer?      Yes      No      Up to \_\_\_\_\_ lb.s.

## Hours You Are Able To Work

Are you available to work... (Circle all applicable)

Days      Evenings      Overnights      Weekdays      Weekends

Comments: \_\_\_\_\_

## Education

Please circle highest grade completed and fill out details...

	Name of School	Dates Attended	Major
High School (9,10,11,12,GED)	_____	_____	_____
College (1,2,3,4, more)	_____	_____	_____

Are you currently in school?      Yes      No

If yes, will your hours need to change regarding school schedule?

\_\_\_\_\_

**Previous Work Experience/ Professional References**

Please provide information regarding the type of work and your job title...

Job Title Type of Work	Employer & Name Name of Supervisor	Dates You Worked There	May we Contact? (phone #)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(Use the back if you need more space)

**Personal References**

Name	Relationship (How Long)	Address	Phone #
_____	_____	_____	_____
_____	_____	_____	_____

Please list some of your strengths, training needs, and preferences for working with individuals here.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information I have provided is true and accurate to the best of my knowledge.  
I am aware that if an investigation reveals any false statements or information, I will no longer be considered for employment.

\_\_\_\_\_  
Signature of applicant Date

