

**Age Connections, Inc. Employment Application**

**Please click on the line below and fill out our application completely. Our Client Care Coordinator will contact you within 24 hours.**

**social security number:** \_\_\_\_\_

**email address:** \_\_\_\_\_

**first name:** \_\_\_\_\_

**last name:** \_\_\_\_\_

**address line 1:** \_\_\_\_\_

**address line 2:** \_\_\_\_\_

**city:** \_\_\_\_\_

**state:** \_\_\_\_\_

**zip code:** \_\_\_\_\_

**home phone number:** \_\_\_\_\_

**business phone number:** \_\_\_\_\_

**cell phone number:** \_\_\_\_\_

**date of birth:** \_\_\_\_\_

**marital status:** \_\_\_\_\_

**gender:** \_\_\_\_\_

**emergency contact name:** \_\_\_\_\_

**emergency contact number:** \_\_\_\_\_

**do you drive?:** \_\_\_\_\_

**driver's license number:** \_\_\_\_\_

**state:** \_\_\_\_\_

**expiration date:** \_\_\_\_\_

**car make/model:** \_\_\_\_\_

**License plate number:** \_\_\_\_\_

**name of car insurance:** \_\_\_\_\_

**policy number:** \_\_\_\_\_

**expiration date:** \_\_\_\_\_

**cna license:** \_\_\_\_\_

**expiration date:** \_\_\_\_\_

**first aid certification:** \_\_\_\_\_

**expiration date:** \_\_\_\_\_

**TB test date:** \_\_\_\_\_

**results:** \_\_\_\_\_

**date available:** \_\_\_\_\_

**hours available:** \_\_\_\_\_

**available for**

**emergency/short notice:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**plan, cook and serve meals:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**remind client's to take medications:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**assist with personal hygiene:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**assist with bathing/toileting:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**light housekeeping:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**help with pet Care:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**laundry:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**errands/shopping and grocery:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**monitor conditions in the home:**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**comfortable and skilled with working client's with:**

**dementia**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

**stroke**                      **yes** \_\_\_\_\_                      **no** \_\_\_\_\_

<b>Alzheimer's</b>	<b>yes</b> _____	<b>no</b> _____
<b>Parkinson's</b>	<b>yes</b> _____	<b>no</b> _____
<b>multiple sclerosis</b>	<b>yes</b> _____	<b>no</b> _____
<b>terminal illnesses</b>	<b>yes</b> _____	<b>no</b> _____
<b>incontinent of bowl/bladder</b>	<b>yes</b> _____	<b>no</b> _____
<b>mental health diagnosis</b>	<b>yes</b> _____	<b>no</b> _____
<b>mental retardation</b>	<b>yes</b> _____	<b>no</b> _____

**high school name:** \_\_\_\_\_

**location:** \_\_\_\_\_

**diploma received:** **yes** \_\_\_\_\_ **no** \_\_\_\_\_

**college attended:** \_\_\_\_\_

**location:** \_\_\_\_\_

**major/minor:** \_\_\_\_\_

**certificate/diploma:** \_\_\_\_\_

**name of employer:** \_\_\_\_\_

**address:** \_\_\_\_\_

**phone number:** \_\_\_\_\_

**employed from:** \_\_\_\_\_

**employed to:** \_\_\_\_\_

**job title:** \_\_\_\_\_

**supervisor:** \_\_\_\_\_

**reason for leaving:** \_\_\_\_\_

**name of employer:** \_\_\_\_\_

**address:** \_\_\_\_\_

**phone number:** \_\_\_\_\_

**employed from:** \_\_\_\_\_  
**employed to:** \_\_\_\_\_  
**job title:** \_\_\_\_\_  
**supervisor:** \_\_\_\_\_  
**reason for leaving:** \_\_\_\_\_

**name of employer:** \_\_\_\_\_  
**address:** \_\_\_\_\_  
\_\_\_\_\_

**phone number:** \_\_\_\_\_  
**employed from:** \_\_\_\_\_  
**employed to:** \_\_\_\_\_  
**job title:** \_\_\_\_\_  
**supervisor:** \_\_\_\_\_  
**reason for leaving:** \_\_\_\_\_

**reference name:** \_\_\_\_\_  
**address:** \_\_\_\_\_  
\_\_\_\_\_

**phone number:** \_\_\_\_\_  
**occupation:** \_\_\_\_\_

**reference name:** \_\_\_\_\_  
**address:** \_\_\_\_\_  
\_\_\_\_\_

**phone number:** \_\_\_\_\_  
**occupation:** \_\_\_\_\_

**reference name:** \_\_\_\_\_  
**address:** \_\_\_\_\_

\_\_\_\_\_

**phone number:** \_\_\_\_\_

**occupation:** \_\_\_\_\_

**Have you ever been convicted of a felony?**

yes \_\_\_\_\_ no \_\_\_\_\_

**Have you ever pled no contest or guilty to a felony or a first-degree misdemeanor?**

yes \_\_\_\_\_ no \_\_\_\_\_

**Are you a US Citizen or are you legally authorized to work in the US?**

yes \_\_\_\_\_ no \_\_\_\_\_

**Passport number:** \_\_\_\_\_

**Alien Registration number:** \_\_\_\_\_

**The above information is true and correct; I will be required to provide original documents that verify my identity and right to work in the United States under Immigration Reform and Control Act (IRCA) of 1986.**

**I hereby authorize Age Connections, Inc. to obtain confidential employment, background check & references need for employment.**

**signature:** \_\_\_\_\_

**date signed:** \_\_\_\_\_