



Application for Employment

Please Print, fill out completely and email to:

info@liveingoodhands.com

P.O. Box 510852 NEW BERLIN, WI 53151

414-815-8722

<http://liveingoodhands.com/>

Thank you for considering the professional opportunities with IN GOOD HANDS. We are excited to build our reputation as one of the best in home companion care companies in Wisconsin and we welcome individuals with high standards who wish to be part of our team!

In Good Hands is strongly committed to recruiting, training, supporting and retaining the best caregivers in our industry.

(NOTE): We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability, medical condition, national origin, or marital status.

Name		Date	
Street Address			
City		State	ZIP
Phone	2 nd Phone (cell)	SSN	

Emergency Contact	
Name	Phone
Address	Relationship

I am applying for a position as a
Have you ever been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please provide details

Transportation:	
Many caregiver positions require the caregiver to transport a client.	
Do you have dependable transportation? <input type="checkbox"/> yes <input type="checkbox"/> no	Make and model car



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License plate #	Driver license #	Auto insurance policy #
Insurance company	Insurance agent name	Insurance agent phone

Availability			
Number of hours you would like to work	Times you are available to work	Any times <i>not</i> available to work	Can you be called at the last minute in case of emergency? <input type="checkbox"/> yes <input type="checkbox"/> no
Comments			

Education		
High school	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degrees/certificates		
Special skills or courses		

Experience
Discuss any training or experience working with the elderly. Use reverse side of sheet if additional space is required.



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What would you like most about working with the elderly client?
What would you like least about working with the elderly client?

Skills: Please indicate whether you have assisted with or performed the following tasks for seniors, others or yourself.

Mark each YES answer with the following: S=Seniors O=Others Y=Yourself

(Note: Performance for seniors takes precedence over any other category.)

Companionship	<input type="checkbox"/> yes	<input type="checkbox"/> no	Vacuuming	<input type="checkbox"/> yes	<input type="checkbox"/> no	Laundry	<input type="checkbox"/> yes	<input type="checkbox"/> no
Bathing/ dressing	<input type="checkbox"/> yes	<input type="checkbox"/> no	Dusting	<input type="checkbox"/> yes	<input type="checkbox"/> no	Grocery shopping	<input type="checkbox"/> yes	<input type="checkbox"/> no
Grooming	<input type="checkbox"/> yes	<input type="checkbox"/> no	Clean bathrooms	<input type="checkbox"/> yes	<input type="checkbox"/> no	Cooking	<input type="checkbox"/> yes	<input type="checkbox"/> no
Incontinence	<input type="checkbox"/> yes	<input type="checkbox"/> no	Clean kitchen	<input type="checkbox"/> yes	<input type="checkbox"/> no	Driving	<input type="checkbox"/> yes	<input type="checkbox"/> no
Transfer assist	<input type="checkbox"/> yes	<input type="checkbox"/> no	Bed linen changes	<input type="checkbox"/> yes	<input type="checkbox"/> no	Medication reminders	<input type="checkbox"/> yes	<input type="checkbox"/> no

Employment History:

Please go back at least five years and tell us about your work history. Use reverse side of sheet if additional space is required.

May we contact your current employer?

☐ yes ☐ no

Company	From	To
Job title	Reason left	



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Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	



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Business References (These need to be people you worked for or with)			
Name	Address	Relationship/Years Known	Local Phone #

Personal References			
Name	Address	Relationship/Years Known	Local Phone #



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For Office Use, Only – Interviewer Comments

CERTIFICATION AND RELEASE: I certify that I have read and understand the application note on page one of this form and that the answers given by me to the foregoing questions and the statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentation of facts called for in this application may result in rejection of my application or discharge at any time during my employment. I authorize the company and/or its agents, including consumer reporting bureaus, to verify any information including, but not limited to, criminal history and motor vehicle driving records. I authorize all persons, schools, companies, and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

Signature

Date