



Best In Home Care

2825 74th St
Lubbock, TX 79423
806-368-7985

Employment Application

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

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: \$ _____

Valid Driver's Lic#:		Are you CPR Certified?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Current Auto Insurance: Must be able to provide proof	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Are you a CNA?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Cell Phone Provider? This is used for mass texting of work related information					

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If yes, when? _____

Transportation Many caregivers position require the caregiver to transport a client.		
Do you have dependable that is YOURS Transportation:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you willing to provide transportation	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Emergency Contact	
Name: _____	Phone: _____
Address: _____	Relationship: _____

Availability			
#of Hrs you want to work	Times your available	Time you are NOT available to work	Can you be called for emergencies?

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____

Skills

Please indicate with a check mark next to the skill whether you have experience the in the following skills:

Alz & Dementia		Gait/Hoyer		Meal Prep	
Bathing/Shower Assist		Grooming		Shopping	
Homemaker Care		Incontinence Care		Transfers/Lift	
CNA/CNA Skilled		Laundry		Transportation	
Dressing Assists		Live-In		Walking Assist	
Observations/Reporting and Documentation		Reporting change of condition		Recognizing Emergencies	

Can you work the following?	Yes	No
Are you a smoker?		
Can you work with a client who smokes?		
Cats		
Dogs		
Transportation		
Requires Lifting/Transferring		

Applicant Signature

Date