



P.O. Box 88776, Honolulu, HI 96830  
Fax: (808) 923-5918 Email: applications@caregivers4seniors.com

## Caregiver Application

Position applying for:  C.N.A.  Companion  L.P.N.  R.N.

*Please Print Clearly*

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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

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

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_ Email: \_\_\_\_\_

U.S. Citizen:  Yes  No  Green Card \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

### Professional Licenses and Certificates

License / Certificate: \_\_\_\_\_ #: \_\_\_\_\_ Original Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License / Certificate: \_\_\_\_\_ #: \_\_\_\_\_ Original Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License / Certificate: \_\_\_\_\_ #: \_\_\_\_\_ Original Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Adult C.P.R. Date Completed: \_\_\_\_\_

Standard First Aid Date Completed: \_\_\_\_\_

TB Clearance Date: \_\_\_\_\_

Drivers Licence: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Previous Employment

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Nature of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Nature of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_



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**Previous Employment** *continued*

Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Nature of Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Education**

High School graduate:  Yes  No

College:  Attended  Completed Diploma/Degree: \_\_\_\_\_

Describe course of study: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe specialized training, skills and extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**References**

Please provide names, addresses and telephone numbers of three (3) references that are not related to you and are not previous employers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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I hereby certify that the facts set forth above are true and complete; and I authorize Caregivers4seniors to verify any and all of the statements that I have made. I also authorize all persons and institutions, including my previous employers and the schools that I attended and their respective agents and/or representatives to provide Caregivers4seniors with any information that it requests in connection with this application. I hereby release all of these persons and institutions and Caregivers4seniors from any and all liability for any damages arising from the verification process. I understand that, if employed, false statements on this application or omissions of material information may result in my termination.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Additional Information:**

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**Availability for work:**

**Days Available:**

**Hours Available:**

<input type="checkbox"/> Monday	_____
<input type="checkbox"/> Tuesday	_____
<input type="checkbox"/> Wednesday	_____
<input type="checkbox"/> Thursday	_____
<input type="checkbox"/> Friday	_____
<input type="checkbox"/> Saturday	_____
<input type="checkbox"/> Sunday	_____

**Please be sure to include the following documents with your application:**

- Resume
- Nurses Aide Certificate
- CPR/First Aid
- Drivers License
- Traffic Abstract
- Criminal Background Check
- Other Certificates of Learning

*Mahalo for your interest in becoming a part of the Caregivers4seniors.*



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**AUTHORIZATION TO RELEASE INFORMATION**

To \_\_\_\_\_:

As an applicant for a position with “Caregivers4seniors”, I have been asked to furnish information for use n reviewing my background and qualifications. Is this connection, I hereby authorize the investigation of my past and present work, character, attendance of the last year worked, education, military and police records to ascertain any and all information which my be pertinent to my employment qualifications and experience at your company. This includes all information contained in my employment records.

The release in any manner of any and all information by you is authorized, and I do hereby release all persons, firms, agencies or companies, whomsoever, from any damages resulting from furnishing such information.

This authorization shall be valid for three (3) months from the date of my signature below. You may retain this copy of my release for your files. Thank you for your assistance.

Name: \_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date