



RIGHT ACCORD

5549 Palmer Crossing Circle,
Sarasota, FL 34233

Phone: 941-366-0801 Fax: 941-240-2145 Email: admin@rightaccordhealth.com

APPLICATION FOR EMPLOYMENT

We greatly appreciate your interest in our organization and assure you that all applicants are considered for positions without regard to race, color, age, sex, religion, national origin, disability, veteran status, and any other status protected under local, state, or federal law. Please note this application must be completed in its entirety and signed. Information submitted on this application and in any other accompanying or required documents are subject to verification.

Name		Date	
Street Address			
City, and State	Zip Code	Phone #: (h)	Phone carrier: (c)
Email address		SSN	Are you at least 18 yrs old?

Emergency Contact

Name	Phone
Address	Relationship

I am applying for a position as a

Have you ever been convicted of a felony?

yes no

If yes, please provide details

Transportation:

Many caregiver positions require the caregiver to transport a client.

Do you have dependable transportation?

yes no

Type of Care owned:

Are you willing to transport a client in your car?

yes no

Are you willing to transport a client in their car? yes no

How many miles are you willing to travel to an assignment?

Have you had an accident or been convicted for a driving offense in the last 5 yrs? If yes, please detail:

Drivers license #

Availability: What is your regular availability? Please document hours ie 8am – 8pm

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Can you be called at the last minute to cover a shift for another Caregiver? yes no

Are you able to work: Live-in shifts Overnights Dayshift Nightshift Weekends Weekdays

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:

What would you like most about working with the elderly?

What would you like least about working with the elderly?

Skills

Please indicate whether you have assisted with or performed the following tasks for seniors.

Shower Client	yes	no	Wheelchair/ Walker	yes	no	Light Housekeeping	yes	no
Bathing/ dressing	yes	no	Hoyer Lift	yes	no	Grocery shopping	yes	no
Grooming	yes	no	Gait Belt	yes	no	Cooking	yes	no
Incontinence	yes	no	ROM	yes	no	Driving	yes	no
Transfer assist	yes	no	Urinal/ Bedpan	yes	no	Medication reminders	yes	no

Please indicate if you have had experience with the following:

Alzheimer's/Dementia	Yes	No	Assisted Living Facilities	Yes	No
Diabetes	Yes	No	Long term Care Facilities	Yes	No
Oncology	Yes	No	Rehabilitation Facilities	Yes	No
Parkinson's	Yes	No	Hospice	Yes	No
Mentally Handicapped	Yes	No	Hospitals	Yes	No
HIV/Aids	Yes	No	Private Home	Yes	No
Pediatric	Yes	No	Retirement Facilities	Yes	No

Preferences

Check off items that pertain to you. Add any additional comments in the space below

Do you have any allergies that may affect your work environment?

No Alzheimer's Clients			No Housekeeping
No Cats/Dogs			No Transporting Clients
No Hospice Clients			No Cooking
No Lifting			No Transfers
No Smoking			No couples
No Men Clients			No Women Clients
No Clients in Facilities			No Total Care clients

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

Present 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	
Company	From	To
Job title	Reason left	
Duties		
Supervisor	Phone	

Business References: please complete fully			
Name	Address	Title/Years Known	Local Phone #
Name	Address	Title/Years Known	Local Phone #
Name	Address	Title/Years Known	Local Phone #
Name	Address	Title/Years Known	Local Phone #

Personal References			
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #
Name	Address	Relationship/Years Known	Local Phone #

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. **NOTE: As from August 1st, 2010, ALL Caregivers must undertake a level 2 background screening as regulated through the Agency for Health Care Administration.** 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.

PRINT NAME:	Date
Signature:	Date

For Office Use Only – Interviewer Comments
