

Private Duty Caregiver Job Application

Compassionatehands, LLC

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Instructions: Please complete all sections of this application. Fields marked with an asterisk (*) are required. Submit the completed application to [submission instructions, e.g., email or physical address].

Personal Information

Full Name *:

Address *:

City, State, ZIP Code *:

Phone Number *:

Email Address *:

Are you legally eligible to work in the United States? *: Yes No

Do you have reliable transportation? *: Yes No

Position Applying For

Position Title: Private Duty Caregiver

Desired Work Schedule *: Full-Time Part-Time Flexible

Preferred Shift *: Days Evenings Nights

Availability Start Date *:

Are you currently employed with any other private duty agencies? *: Yes No

If yes, do you plan to remain employed with them? *: Yes No Undecided

Education

Highest Level of Education Completed *: [] High School [] Associate's [] Bachelor's [] Other

School Name *:

City, State *:

Certification(s) (e.g., CNA, CPR, First Aid):

Work Experience

Employer Name:

Job Title:

Dates of Employment:

Responsibilities:

Reason for Leaving:

Employer Name:

Job Title:

Dates of Employment:

Responsibilities:

Reason for Leaving:

Employer Name:

Job Title:

Dates of Employment:

Responsibilities:

Reason for Leaving:

Skills and Qualifications

Do you have experience with personal care (e.g., bathing, dressing, feeding)? *: Yes No

Do you have experience providing medication oversight or reminders? *: Yes No

Are you comfortable with light housekeeping duties? *: Yes No

Are you comfortable with light meal preparation? *: Yes No

Are you comfortable transporting clients? *: Yes No In Your Vehicle In Their Vehicle

Other Relevant Skills:

References

Reference 1 - Name:

Reference 1 - Relationship:

Reference 1 - Phone Number:

Reference 1 - Email Address:

Reference 2 - Name:

Reference 2 - Relationship:

Reference 2 - Phone Number:

Reference 2 - Email Address:

Reference 3 - Name:

Reference 3 - Relationship:

Reference 3 - Phone Number:

Reference 3 - Email Address:

Additional Information

Why are you interested in this position?

Any additional information you'd like to provide:

Acknowledgment and Signature

I certify that the information provided is true and accurate to the best of my knowledge.

If hired, I understand that employment with Compassionatehands, LLC is as a subcontractor, and I acknowledge that I will be responsible for my own tax withholdings.

I understand that hours are not guaranteed and are based on client need.

Applicant Signature *:

Date *: