**DIRECT CARE WORKER APPLICATION**

**GRAND CANYON HOME CARE** is an equal opportunity employer, dedicated to a policy of non- discrimination on any basis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Desired: | | | | Date: |
| Last name: | | First name: | | Middle name: |
| Address: | | | | Maiden name: |
| City: | State: | | Zip: | # of years at address: |
| E-Mail | | | SS#: | Hourly wage desired: |
| Home #: | Cell #: | | Cell phone company: | Would you like text messaging: |
| Have you ever been charged with a felony or misdemeanor?  Yes \_\_\_\_\_ No \_\_\_\_\_ | | | | |
| If Yes, please provide details: | | | | |

Please indicate the days and times you are available to provide services: ANYTIME

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| From: | From: | From: | From: | From: | From: | From: |
| To: | To: | To: | To: | To: | To: | To: |

Are you legally authorized to work in the U.S? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked under a different name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency please contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you bilingual? \_\_\_\_\_\_\_\_\_\_ What language (s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRIVING INFORMATION:**

|  |  |
| --- | --- |
| Do you have a valid driver’s license? Yes No |  |
| Driver’s license #: | State of Issue: Expiration Date: |
| Do you have a car? Yes No | If NO, how would you get to work? |
| Have you had any accidents during the past three years? | Yes No  How Many:\_\_\_\_\_ |
| Have you had any moving violations in the past three years? | Yes No  How Many:\_\_\_\_\_ |

**EDUCATION:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| TYPE OF SCHOOL | NAME OF SCHOOL | CITY/STATE | # OF YEARS | MAJOR & DEGREE |
| HIGH SCHOOL |  |  |  |  |
| COLLEGE |  |  |  |  |
| BUS. OR TRADE SCHOOL |  |  |  |  |
| SPECIAL SKILLS, TRAINING,CERTIFICATES: | | | | |
|  | | | | |

How would you rate yourself on your experience with the following aspects of care giving?

1=No experience 2= some experience 3=Good experience 4=Excellent experience

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Companionship | 1 | 2 | 3 | 4 |
| Meal preparation | 1 | 2 | 3 | 4 |
| Bathing/Shower | 1 | 2 | 3 | 4 |
| Dressing/Grooming | 1 | 2 | 3 | 4 |
| Transferring | 1 | 2 | 3 | 4 |
| Incontinence | 1 | 2 | 3 | 4 |
| Dementia/Alzheimer’s | 1 | 2 | 3 | 4 |

**Personal/Professional References:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Address: | Years Known/Title | Telephone: |
| Name: | Address: | Years Known/Title | Telephone: |
| Name: | Address: | Years Known/Title | Telephone: |

**WORK HISTORY**: Please list at least three of your work experience for the past five years beginning with your most recent job.

|  |  |  |
| --- | --- | --- |
| Name and address of employer: | From:  To: | Salary Start:  Salary End: |
| Phone #: | Supervisor name: | May we contact: |
| Job title: | Reason for leaving: | |
| Duties: | | |

|  |  |  |
| --- | --- | --- |
| Name and address of employer: | From:  To: | Salary Start:  Salary End: |
| Phone #: | Supervisor name: | May we contact: |
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| Duties: | | |

|  |  |  |
| --- | --- | --- |
| Name and address of employer: | From:  To: | Salary Start:  Salary End: |
| Phone #: | Supervisor name: | May we contact: |
| Job title: | Reason for leaving: | |
| Duties: | | |

|  |
| --- |
| **Certification and release**: I certify the above stated and indicated are true in fact and no misrepresentation of me has been made. I understand that any false information, omissions or misrepresentation of facts will result in rejection of this application and/or discharge at any time during employment. I authorize Grand Canyon Home Care to verify any and all information contained with this application, 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 & hereby release any said persons, schools, companies & 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 and that I am willing to submit drug testing at any time to detect the use of illegal drugs prior to or during employment.  **Restrictive Covenant**: I agree not to do business directly with any individual or business entity that Grand Canyon Home Care has introduces to me or by entering into employment with such individuals or businesses. |
| **Applicant’s signature : Date:** |