RIGHT ACCORD
Senior Home Health Care

9040 Town Center Parkway Lakewood Ranch, FL 34202
941-487-3665 | www.rightaccordhealth.com

APPLICATION FOR EMPLOYMENT

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.

Basic Information		
Name		Date
Street Address		
City	State	Zip
Phone	Email	
I am applying for a position as a		
Have you ever been convicted to a felony? ☐ Yes ☐ No		
If yes, please provide details		
Emergency Contact		
Name	Phone	
Address	Relationship	
Transportation		
Many caregiver positions require the caregiver to transport the client.		
Driver License Number:	Do you have dependable transportation? ☐ Yes ☐ No	
Are you willing to transport a client in your car? ☐ Yes ☐ No	Are you willing to transport client in their car? ☐ Yes ☐ No	Do you have a clean driving record? ☐ Yes ☐ No
Do you have auto insurance? ☐ Yes ☐ No	How many miles are you willing to travel to an assignment?	

Availability (Please specify your availability)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☐	☐	☐	☐	☐	☐	☐

Number of hour you would like to work:	Can you be called at the last minute to fill in a shift?	Can you work overnight shifts?	Can you work live-in shifts?
	-	-	-

Additional Comments:

Education		
High School	City/State	Dates
College	City/State	Dates
Other	City/State	Dates
Degree/Certificates		
Special Skills or Courses		

Experience
Discuss any training or experiences working with 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	**Wheel Chair/ 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.

☐	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 required.		
May we contact your current employee?		
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			
Name	Address	Relationship	Local Phone #
Name	Address	Relationship	Local Phone #
Name	Address	Relationship	Local Phone #
Name	Address	Relationship	Local Phone #
Name	Address	Relationship	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 #
Name	Address	Relationship/Years Known	Local Phone #

CERTICATION 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 the best of my 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. 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 – Interview Comments