



Caregiver Interest



Name: _____

Address: _____

Phone: _____ (Home)
(Cell) _____

Email
Address: _____

How did you hear about us?

Why are you interested in joining Care At Home?

What experiences do you have to offer our clients?

How many years of experience to you have in Home Care?

Do you have any specific certifications (CNA, HHA, LPN, etc.)?

Are you comfortable providing personal care to either a male or female?

Can you work days, nights, weekdays and/or weekends?

Do you have reliable transportation? < Drive, Bus, UBER, etc. >

If you drive:

do you have a valid driver's license? YES NO

do you have vehicle insurance? YES NO

Have you completed any of the following caregiver requirements within the past year?

1) One or two step TB test: YES NO (if yes, please provide date) _____



2) Criminal Background Check: **YES** **NO** (if yes, please provide date) _____

3) CPR and/or First Aid: **YES** **NO** (if yes, please provide date) _____