

**Premier Care at Home, Inc.**

**APPLICATION FOR REGISTRATION**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

(Last)

(First)

(Middle)

Address: \_\_\_\_\_

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

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

Alt. Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Social Security # \_\_\_\_\_

I would like a job as a full time Live-In Companion: Yes - No

What days are you available to work? \_\_\_\_\_

I would like a job as a full time or part time Live-Out Companion: Yes - No

What days and hours are you available to work? \_\_\_\_\_

Have you ever been registered with **Premier Care at Home, Inc.** before? Yes - No

If yes, please give dates: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Do you have a valid driver's license? Yes - No

If Yes, State: \_\_\_\_\_ License number: \_\_\_\_\_ Issue \_\_\_\_\_ Exp \_\_\_\_\_

Do you hold a CNA Certification? Yes - No

If Yes, is your CNA Certification Card Current? Yes - No

## EDUCATION

High School Name: \_\_\_\_\_

City, State \_\_\_\_\_ Graduate: Yes - No

College Name: \_\_\_\_\_

City, State \_\_\_\_\_ Graduate: Yes – No

Type of Degree: \_\_\_\_\_

## PERSONAL REFERENCES

Give the names of three persons (you have not worked with, and are **not related** to you).

Name	Telephone Number	Occupation

List all present and past employment beginning with your most recent. FOR ALL PERIODS OF UNEMPLOYMENT IN EXCESS OF THREE MONTHS, PLEASE GIVE AN EXPLANATION.

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Type of work you performed: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Type of work you performed: \_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Job Title: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Type of work you performed: \_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_, HEREBY AUTHORIZE **PREMIER CARE AT HOME, INC.** TO REQUEST AND RECEIVE FROM ALL PRIOR EMPLOYERS WITHIN ONE YEAR OF THE DATE OF THIS APPLICATION, ANY AND ALL PERTINENT INFORMATION CONCERNING MY PRIOR EMPLOYMENT AND ITS TERMINATION, INCLUDING THE REASONS FOR SUCH TERMINATIONS. I hereby state that all of the foregoing information I have supplied in this application is a true and complete statement of the facts. False statements contained in this application are immediate cause for dismissal from registrant caregiver status. I further give my permission for this agency to verify all schooling and references.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

FOR OFFICE USE ONLY

Date of interview: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reference Check

Date Sent: \_\_\_\_\_

Date received: \_\_\_\_\_

Results: \_\_\_\_\_

Verified by: \_\_\_\_\_