

Care is There

Geriatric Care Management

Application for Employment

Lifestyle Coordinator

1. Full legal name _____ 2. Home Phone () _____
Last First Middle

3. Address _____ 4. Other Phone () _____

5. Email address _____

6. **EDUCATION**

Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date: _____

7. **JOB EXPERIENCE** — Starting with the most recent, describe your last three paid or military occupations. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. Feel free to attach your resume or additional pages if the space below is too small.

a. **Most Recent Job**

Organization name: _____
 Title: _____
 Dates held: _____
 Job responsibilities: _____

 Reason for leaving: _____

b. **Second Most Recent Job**

Organization name: _____
 Title: _____
 Dates held: _____
 Job responsibilities: _____

 Reason for leaving: _____

c. **Third Most Recent Job**

Organization name: _____
 Title: _____
 Dates held: _____
 Job responsibilities: _____

 Reason for leaving: _____
 Reason for leaving: _____

8. **VOLUNTEER OR PERSONAL EXPERIENCE** — Describe volunteer or personal experience assisting the elderly or disabled.

9. **LICENSES, CERTIFICATIONS, SPECIAL TRAINING.**

Type	License Number	Granted by (licensing board, etc.)

10. **REFERENCES**

List names, email addresses and relationships of three persons not related to you who know your qualifications (professional references preferred):

Name	Email Address	Phone	Relationship

11. **MISCELLANEOUS**

- a. Check which working hours you will accept: Day Evening Night Weekends Emergencies
- b. Check which clients you would accept: Dementia Frailty Difficult personality
- c. Check the equipment that you have at home: Desktop Computer Scanner Cell phone Internet Connection
- d. Are you able to transport clients in your own vehicle, which is neat, clean, in good repair, accommodates a walker and carries business-use insurance of \$100,000/\$300,000? Yes No.
- e. Are you willing to take a drug test and tuberculosis test and give authorization for a criminal background check? Yes No.
- f. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States? Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- g. Have you ever been convicted* for any violation(s) of law, including moving traffic violations. Yes No If YES, please provide the Description of offense:
Statute or ordinance(if known): Date of Charge: ; Date of Conviction
County, City, State of
(For additional convictions use plain paper. Include all information listed above.)

*Convictions include Virginia juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious fourteen (14) to eighteen (18) when charged.

12. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

Month Day Year

13. **CERTIFICATION**--*Each Application Requires Current Date and Original Signature*

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part to any employment in the service of Care is There Geriatric Care Management. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize Care is There Geriatric Care Management to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, organizations or systems on a need-to-know basis for good cause.

Date _____ Applicant Signature _____