	r Information				
Date:					
Full Name:				_ Gender; □M □F	
	Street		City Sta	ate Zip	

	_	Weight:			
		Exp			
Alien Registra	ation No.:	Work Per	mit No.:		
DESIRED SCH	EDULES: □Live In	□Live Out □Rel	iever □Weekd	ays	
TRANSPORTA	TION: □Driving	□Non Driving □Own	Car Dar Pool	□Public	
Language/s	you speak other than	English:			
	-				
		Ferred you to our agency			
			_		
			_		
	<u>s / Certification</u> : e Health Aide	☐ Cert. Nursing Ass	sistant 🗆 Lie	Vocational Nursa	
1.		Lic. No.:			
Lic. No.: Expiration:		Expiration:		Expiration:	
•		-	_		
		nave you been a caregiv		andmonths	
		any of the cases enume			
□Aids	□Alzheimers	□Angioplasty	□Arthritis Care	□Bed Bath	
□Bed Sore	□Bi-polar	□Cancer	□Catheter	□Colostomy	
□Dementia	□Diabetes	□Dialysis	□Diaper	□Enemas	
☐Hair Care	☐Heart Attack	☐Hospice	☐Hoyer Lift	□ Injections	
□Oxygen	□Oral Care	☐Multiple Sclerosis	□Assist PT/OT	□ NGT Tube	
□Paraplegic □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	□Parkinsons	□Psychiatric	□ Quadriplegic	□ Respirator	
□ Seizures	□Stroke	□Sponge Bath	□Suctioning	☐Toiletting	
□Tub Bath	□Tracheotomy	☐Wound Care	□Post Surgery C		
□Others:					
1. Are yo	ou legally authorized t	to work in the U.S.?	Y	es / No	

ID

2. Can you handle patients und	. Can you handle patients under hospice care?			No
3. Can you cook American food	3. Can you cook American food for your patient?			No
4. Are you willing to work for both male and female patients?			/	No
5. Do you smoke?	5. Do you smoke?			No
6. Have you ever been convicte	ed of a crime including sexual assault?	Yes	/	No
7. Are you trained as a certified	l, registered and/or licensed as (check	approp	riate	e boxes)?
8. Please describe and rate your	rself as a caregiver:			
	veaknesses as a caregiver according to			
10.				
WORK HISTORY:				
Beginning with the most recent, plea	ase enumerate your employer/s and the	eir con	tact (details:
Name: Phone N				
Address:				
	_ Position/Duties:			
Rate: Reason for Le	eaving:			
Name:	Phone No.	o.:		
Address:				
	_ Position/Duties:			
Rate: Reason for Le	eaving:			
Name:	Phone No.	0.:		
Address:				
Dates Worked:	Position/Duties:			
	eaving:			
~ ~ ~ C	REDENTIALS CHECKLIST ~ ~ ~			
Check box if you brought any of the				
□Passport	□Driver's License	□Sta	te ID)
□Social Security Card	□Proof of Car Insurance			rinting
□Permanent Resident Card	□CNA / CHHA / RN Card		· 1	Results
□ Employment Authorization Card		□Work Permit		
□Background Check / LiveScan	□Recommendations / Referrals			
Background Check / Livescan	inccommendations / Referrals	الال	.1018	•

EDUCATION:		
High School:		
Location:	Years completed:	
College / University:		
Location:		
Diploma/s, Degree/s, Certificate/s:	<u>-</u>	
Vocational:		
Location:	Years completed:	
Diploma/s, Degree/s, Certificate/s:		
Training / Internships:		
Graduate School:		
Location:	Years completed:	
Diploma/s, Degree/s, Certificate/s:		
Have you ever been convicted of a misdemear If yes, for what, when, where, and explain?	•	
To complete this information, please furnish professional cards or certificates for photocopy	h at least two picture & signature ID	
By affixing my signature below, I certify that and complete to the best of my knowledge.	all of the information contained herein	is true, correct
Print Name	Signature	Date

REFERENCE VERIFICATION

Reference / Employer Name			Date			
Office / Mailing Address						
Contact Person			Phone No.			
Mail Address		— <u> </u>	Fax No.			
The applicant named below is seeking an asseted you as reference. We highly appreciate pplicant's work performance by answering	te you	r assis	stance		•	
pplicant's Full Name			<u>5</u>	Social S	ecurity	Numbe
Iome Address						
osition / Designation	Dat	e Starte	d & D	ate Fin	ished	
Would you hire this person for another assignment? □Yes □No	Outstanding	Good				able
Kindly mark the appropriate box below with an "X"	Outste	Very Good	Good	Fair	Poor	Not Applicable
Punctual, Prompt, Timely						
Attendance Record						
Personal Appearance						
Dependable & Trustworthy						
Personal Appearance						
Work Efficiency and Knowledge						
Accepts Direction and Teachable						
Attitude towards patient, job						
Recording Log Book, Care Notes						
1						

Thank you very much for your considerable attention. Please fax this to **949 206 9261** or eMail to **lakeforestcare@yahoo.com**.

~ ~ ~ AUTHORIZATION TO RELEASE INFORMATION ~ ~ ~

By signing below, I authorize Lake Forest Home Care, Inc. (LFHC) to obtain information about me from all personal, educational, financial institutions, government agencies, companies, corporations, law enforcement agencies and individuals relating to my activities, to supply any and all information concerning my background, and to release LFHC from any liability resulting from providing such information. The information received may include, but is not limited to job performance, academic attendance, personal history, financial record history, disciplinary and criminal records.

I authorize all individuals that I previously worked for to disclose to LFHC all facts and opinions regarding my work performance.

I release any individual associated with the compilation of such information from any liability for damages of whatever nature that may result due to the reliance of such person on the information obtained pursuant to this authorization, or in compliance with, or attempt to comply with this authorization.

I understand that all information released is for the purpose of considering my application and determining my qualifications for possible referral.

Print Name	Signature	Date
Full Mailing Address		
Home Phone:	Cellphone:	
For purposes of gathering the abortollowing information which may positive identification when checking for any other purpose.	be required by law en	forcement agencies for
Date of Birth:	SSN:	
Driver's Lic. No.:	Expiration:	State:
Last name as it appears on license:		
	LFQ H:	