



ID

**Lake Forest Home Care
CareGiver Information**

Date: _____

Full Name: _____ Gender; M F

Home Address: _____
Street City State Zip

Home Phones: _____ Cell; _____

eMail Address: _____

DoB: _____ Height: _____ Weight: _____ Marital Status: _____

Driver's Lic. No.: _____ Exp. _____ SSN: _____

Alien Registration No.: _____ Work Permit No.: _____

DESIRED SCHEDULES: Live In Live Out Reliever Weekdays Weekends

TRANSPORTATION: Driving Non Driving Own Car Car Pool Public

LANGUAGE/S you speak other than English:

PERSONAL REFERENCES: Who referred you to our agency?

Name: _____ ☎ _____

Name: _____ ☎ _____

CREDENTIALS / CERTIFICATION:

Cert. Home Health Aide Cert. Nursing Assistant Lic. Vocational Nurse

Lic. No.: _____ Lic. No.: _____ Lic. No.: _____

Expiration: _____ Expiration: _____ Expiration: _____

WORK EXPERIENCE: How long have you been a caregiver? _____ years and _____ months

Check box if you have experienced any of the cases enumerated below;

- 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 Care
- Others:

1. Are you legally authorized to work in the U.S.? Yes / No

- 2. Can you handle patients under hospice care? Yes / No
- 3. Can you cook American food for your patient? Yes / No
- 4. Are you willing to work for both male and female patients? Yes / No
- 5. Do you smoke? Yes / No
- 6. Have you ever been convicted of a crime including sexual assault? Yes / No
- 7. Are you trained as a certified, registered and/or licensed as (check appropriate boxes)?
- 8. Please describe and rate yourself as a caregiver:

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9. Specify your strengths and weaknesses as a caregiver according to your previous patients:

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WORK HISTORY:

Beginning with the most recent, please enumerate your employer/s and their contact details:

Name: _____ Phone No.: _____

Address: _____

Dates Worked: _____ Position/Duties: _____

Rate: _____ Reason for Leaving: _____

Name: _____ Phone No.: _____

Address: _____

Dates Worked: _____ Position/Duties: _____

Rate: _____ Reason for Leaving: _____

Name: _____ Phone No.: _____

Address: _____

Dates Worked: _____ Position/Duties: _____

Rate: _____ Reason for Leaving: _____

~ ~ ~ **CREDENTIALS CHECKLIST** ~ ~ ~

Check box if you brought any of the following;

- | | | |
|--|--|--|
| <input type="checkbox"/> Passport | <input type="checkbox"/> Driver's License | <input type="checkbox"/> State ID |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Proof of Car Insurance | <input type="checkbox"/> Fingerprinting |
| <input type="checkbox"/> Permanent Resident Card | <input type="checkbox"/> CNA / CHHA / RN Card | <input type="checkbox"/> TB Test Results |
| <input type="checkbox"/> Employment Authorization Card | <input type="checkbox"/> CPR / First Aid Certification | <input type="checkbox"/> Work Permit |
| <input type="checkbox"/> Background Check / LiveScan | <input type="checkbox"/> Recommendations / Referrals | <input type="checkbox"/> Others |

REFERENCE VERIFICATION

Reference / Employer Name _____ Date _____

Office / Mailing Address _____

Contact Person _____ Phone No. _____

eMail Address _____ Fax No. _____

The applicant named below is seeking an assignment with our client/s and has listed you as reference. We highly appreciate your assistance in verifying this applicant's work performance by answering the fields below.

Applicant's Full Name _____ Social Security Number _____

Home Address _____

Position / Designation _____ Date Started & Date Finished _____

Would you hire this person for another assignment? Yes No

Kindly mark the appropriate box below with an "X"

	Outstanding	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						
Considerate, Compassionate						

Comments:

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

